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PROFESSIONAL STAFF BY-LAW OF HAMILTON HEALTH SCIENCES CORPORATION

(hereinafter referred to as the “Corporation”)

PREAMBLE

WHEREAS it is the purpose of the Corporation to serve the community in accordance with the objects of the Corporation as provided in the letters patent of amalgamation, and with the mission and vision of the Corporation, as established by the Board from time to time;

AND WHEREAS the governing body of the Corporation deems it expedient that a Professional Staff By-law be adopted for regulating the affairs of the Professional Staff.

NOW THEREFORE BE IT ENACTED:

ARTICLE 1. DEFINITIONS AND INTERPRETATION

1.01 Definitions

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

- (a) “**Act**” means the *Corporations Act* (Ontario), and where the context requires, includes the Regulations made under it;
 - (b) “**Affiliation Agreement**” means the agreement between the Hospital and the University dated September 24, 2014 regarding their joint relationship with respect to patient care, teaching and research;
 - (c) “**Board**” means the Board of Directors of the Corporation;
 - (d) “**Board Policies**” means the policies adopted by the Board;
 - (e) “**By-Law**” means the Professional Staff By-Law of the Corporation from time to time in effect;
 - (f) “**Certification**” means the holding of a certificate in a medical or surgical specialty issued by any professional body recognized by the Board after consultation with MAC;
 - (g) “**Chair**” means the Director elected by the Board to serve as Chair of the Board;
 - (h) “**Chair of MAC**” means the Physician appointed by the Board of Directors to serve as Chair of MAC;
 - (i) “**CEO**” means, in addition to ‘administrator’ as defined in section 1 of the *Public Hospitals Act*, the President and Chief Executive Officer of the Corporation;
 - (j) “**Chief Nursing Executive**” means the senior nurse employed by the Hospital who reports directly to the CEO and is responsible for nursing services provided in the Hospital;
 - (k) “**Chief of a Department**” means a member of the Medical Staff appointed by the Board to be responsible for the professional standards and quality of medical care rendered by the members of that department at the Hospital;
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- (l) “**Clinical Assistants**” means Physicians who are required to perform specific duties under the direct supervision of a member of the Medical Staff;
 - (m) “**Clinical Resource Plan**” means the plan developed by the VP Medical in consultation with the Chiefs of Department, Program and Service Medical Directors, and with the appropriate academic department and Regional Partners, based on the mission and strategic plan of the Corporation and on the regional needs of the community, which provides information and future projections of this information with respect to the management and appointment of Physicians, Dentists, Midwives, and Extended Class Nurses who are or may become members of the Medical, Dental, Midwifery and Extended Class Nursing Staff;
 - (n) “**Clinical Scholars**” means Physicians who wish an additional period of specialized post-residency training involving clinical care and academic pursuits. Each Clinical Scholar appointment will be granted in conjunction with an appropriate Faculty of Health Sciences appointment;
 - (o) “**College**” means, as the case may be, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario, and/or the College of Nurses of Ontario;
 - (p) “**Committee**” means a committee of the Board or as otherwise specified in this By-Law;
 - (q) “**Corporation**” means Hamilton Health Sciences Corporation located at the head office at 100 King Street West, Suite 2300, Hamilton, Ontario, L8P 1A2;
 - (r) “**Dental Staff**” means the collection of legally qualified dentists appointed by the Board to attend or perform dental services for patients in the Hospital;
 - (s) “**Dentist**” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
 - (t) “**Department**” or “**department**” means an organizational unit of the Medical Staff to which members with a similar field of practice have been assigned;
 - (u) “**Director**” means a member of the Board;
 - (v) “**Ex officio**” means membership “by virtue of the office” and includes all rights, and responsibilities, and the power to vote unless otherwise specified;
 - (w) “**Extended Class Nurses**” means those registered nurses in the extended class to whom the Board has granted Privileges namely:
 - i. nurses that are employed by the Hospital and are authorized to diagnose, prescribe for or treat out-patients in the Hospital; and
 - ii. nurses who are not employed by the Hospital and to whom the Board has granted privileges to diagnose, prescribe for or treat out-patients in the Hospital.
 - (x) “**Head of a Service**” means the Physician or Dentist appointed by the Board to be in charge of one of the organized Services of a medical department;
 - (y) “**Hospital**” means the Corporation;
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- (z) “**Impact Analysis**” means a study to determine the impact upon the resources of the Corporation of the proposed or continued appointment of any person to the Medical Staff;
 - (aa) “**Liaison Committee**” means the liaison committee established pursuant to subsection 11.2 of the Affiliation Agreement;
 - (bb) “**Locum Tenens**” or “**locum tenens**” means Physicians who provide coverage for a member of the Medical Staff during their absence;
 - (cc) “**MAC**” means the Medical Advisory Committee of the Board;
 - (dd) “**Medical Staff**” means those Physicians who are appointed by the Board and who are granted Privileges to practice medicine in the Hospital;
 - (ee) “**Midwife**” means a Midwife in good standing with the College of Midwives of Ontario;
 - (ff) “**Patient**” means, unless otherwise specified, any in-patient, out-patient or other patient of the Corporation;
 - (gg) “**Person**” means and includes any individual, corporation, partnership, firm, joint-venture, syndicate, association, trust, government, government agency, board, commission or authority, or any other form of entity or organization;
 - (hh) “**Physician**” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
 - (ii) “**Policies**” means the medical professional and administrative policies of the Hospital;
 - (jj) “**Privileges**” means the clinical services and involvement in education and research which the Board has granted to a member of the Medical, Dental, non-employee Extended Class Nurse and Midwifery Staff;
 - (kk) “**Professional Staff**” means those Physicians, Dentists, non-employee Extended Class Nurses and Midwifery Staff that are appointed by the Board and who are granted specific Privileges to practice medicine, dentistry, midwifery or extended class nursing respectively;
 - (ll) “**Professional Staff Appointment**” means the appointment or assignment of a Professional Staff member to a department or Service in the Hospital within the categorization of active, associate, courtesy, honorary or locum tenens staff;
 - (mm) “**Program**” means a cluster of patient-centered services which optimizes patient care, education and research and is consistent with the mission and vision of the Corporation;
 - (nn) “**Public Hospitals Act**” means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the Regulations made under it;
 - (oo) “**Regional Partners**” means the health care institutions and agencies with whom the Corporation has developed collaborative relationships for the provision of patient care, and education and research;
 - (pp) “**Rules and Regulations**” means the Rules and Regulations governing the practice of the Medical, Dental, and Midwifery Staff in Hospital both generally and within a particular
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department, which have been established respectively by the staff in general and the staff of the department;

- (qq) “**Service**” means an organizational unit of a department which is based on a sub-specialty area of medical practice;
- (rr) “**Special Professional Staff**” means qualified non-Physician professionals who are appointed to the Medical Staff for their expertise or assistance in patient treatment, education, and research;
- (ss) “**Supervisor**” means a Physician who is assigned the responsibility to oversee the work of another person;
- (tt) “**Supportive Care**” means the provision of support to the patient through a physician-patient relationship which has developed over time;
- (uu) “**University**” means McMaster University; and
- (vv) “**VP Medical**” means the Executive Vice President Academic & Chief Medical Executive.

1.02 Interpretation

In this By-Law, 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.

ARTICLE 2. PURPOSE OF PROFESSIONAL STAFF BY-LAWS, RULES, REGULATIONS AND POLICIES

2.01 Purpose of the Professional Staff By-Laws

The purpose of the Professional Staff By-Laws is to:

- (a) outline clearly and succinctly the purposes and functions of the Professional Staff;
 - (b) identify specific organizational units (departments, committees, programs, etc.) necessary to allocate the work of carrying out those functions;
 - (c) to identify the process for the selection of the Chair of MAC and Chief of Department and for the election of the Professional Staff Association officers;
 - (d) provide an organizational structure which defines responsibility, authority and accountability of every organizational component, and which is designed to ensure that each Professional Staff member exercises responsibility and authority commensurate with the member’s contribution to patient care and to the teaching and research needs of the Hospital, and fulfills like accountability obligations;
 - (e) provide a mechanism for accountability to the Board, through defined professional components, for patient care, professional and ethical conduct, and teaching and research activities of each individual practitioner holding membership in the Professional Staff; and
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- (f) create a Professional Staff Association structure which will advocate the interests of and support the rights and privileges of the Professional Staff as provided herein.

2.02 Purpose of the Professional Staff Structure

The purpose of the Professional Staff structure as described herein, in addition to fulfilling the responsibilities established by the laws of the Province of Ontario and this By-Law, is:

- (a) to provide a structure whereby the members of the Professional Staff participate in the Hospital's planning, policy setting and decision making;
- (b) to serve as a quality assurance system for care rendered to patients by the Professional Staff and to ensure the continuing improvement of the quality of medical care; and
- (c) to facilitate the best possible environment for learning and research in respect of the Corporation's role as a teaching hospital.

2.03 Rules and Regulations and Policies and Procedures

- (a) MAC may make Rules and Regulations as it deems necessary, including rules and regulations for patient care and safety and the conduct of members of the Professional Staff and Extended Class Nursing Staff.
- (b) MAC may make administrative, human resources, clinical and professional policies applicable to the Professional Staff that are consistent with this By-law and the Rules and Regulations and Policies.

ARTICLE 3. DELEGATION OF DUTIES

Any of the Chair of MAC, Chief of Department, Head of Service, Vice President Medical or CEO shall be responsible for the duties assigned to them under this By-law and such person may delegate to others the performance of any such duties.

ARTICLE 4. DUTIES OF PROFESSIONAL STAFF

4.01 Collective Duties of Professional Staff

Collectively, the Professional Staff practicing within the jurisdiction of the Corporation have responsibility and accountability to the Board for:

- (a) ensuring that care at the Hospital is appropriately directed to meeting patients' needs and is consistent with sound health care resource utilization practices;
 - (b) participating in quality and error management initiatives, as appropriate;
 - (c) ensuring that ethical practice standards compatible with those of contemporary medical practice are observed;
 - (d) providing and maintaining undergraduate and postgraduate medical education and health professional education in accordance with the mission of the Corporation;
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- (e) providing and maintaining the development of continuing medical education and continuing interdisciplinary health professional education;
- (f) providing, maintaining and participating in medical, clinical health services and outcomes research;
- (g) promoting evidence-based decision making;
- (h) ensuring 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 Professional Staff Association or the Chair of MAC, Vice President Medical, Chiefs of Department, MAC and/or the Board;
- (i) assisting to fulfill the mission of the Corporation through contributing to the strategic planning, community needs assessment, resource utilization management and quality management activities; and
- (j) contributing to the development and ensuring compliance with this By-Law, and Rules and Regulations, and Policies of the Hospital.

4.02 Individual Duties of Professional Staff

- (a) Each member of the Professional Staff:
 - i. is accountable to and shall recognize the authority of the Board through and with the Chair of MAC, Chief of Department and CEO; and
 - ii. shall co-operate with and respect the authority of:
 - A. the Chair of MAC and the MAC;
 - B. the Vice President Medical;
 - C. the Chiefs of Departments;
 - D. the Head of the applicable Service; and
 - E. the CEO;
 - iii. 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;
 - iv. shall forthwith notify and provide a written description to the Chief of Department or VP Medical or Chair of MAC of any changes to the information provided in their most recent application for appointment or reappointment including without limitation:
 - A. investigations, dispositions, proceedings, assessments, reviews, privileges restrictions or disputes before a regulatory college, hospital or health care facility;

- B. changes regarding health which may impact on the Professional Staff member's ability to practice or expose patients, physicians or employees to risk of harm;
 - C. information regarding criminal investigations, charges or convictions; and
 - D. information of any civil suit where there was a finding of professional negligence or battery.
- v. shall ensure a high professional standard of care is provided to patients under their care taking into account sound healthcare resource utilization practices as is reasonable under the specific circumstances;
 - vi. shall practice medicine of the best professional and ethical practice standards within the limits of the Privileges provided;
 - vii. shall maintain involvement, as a recipient, in continuing medical and interdisciplinary professional education as well as complete all Hospital mandatory annual training including annual privacy, harassment protocol and Code of Conduct education modules;
 - viii. shall contribute in academic activities within the parameters of a mutual agreement as determined within the department in which the Professional Staff member is appointed;
 - ix. shall participate in quality, complaint and error management initiatives, as appropriate;
 - x. shall prepare and complete patient records in accordance with the Hospital's Policies as may be established from time to time, applicable legislation and accepted College standards;
 - xi. shall use reasonable efforts to provide the member's Chief of Department with three (3) months' notice of the members' intention to resign or restrict the member's Privileges;
 - xii. shall work and cooperate with others in a manner consistent with the Hospital's mission, vision and values and Policies;
 - xiii. shall notify the Board in writing through the CEO or delegate of any additional professional degrees or qualifications obtained by the member or of any change in the license to practice medicine made by the College or change in professional liability insurance;
 - xiv. shall participate on and support Hospital and Professional Staff committees; and
 - xv. shall participate in "on call" requirements of the Department or Service as scheduled by the Chief of Department or Head of Service, as applicable.
- (b) While the Hospital recognizes a physician's obligation to advocate for the patients best interest, each member of the Professional Staff shall refrain from any conduct that would be prejudicial to the Hospital's reputation or standing in the community, including
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making prejudicial or adverse public statements with respect to the Hospital's operations. The Professional Staff shall attempt to resolve disputes or concerns with the Hospital in good faith before public comments are made in any forum, including bringing such disputes or concerns to the attention of and engaging with the VP Medical, the CEO and the Board, which VP Medical, CEO and Board will engage in good faith and in a reasonably timely manner.

ARTICLE 5. APPOINTMENT AND REAPPOINTMENT TO PROFESSIONAL STAFF

5.01 Appointment and Revocation

- (a) The Board, after considering the recommendations of MAC, shall appoint annually a Professional 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 Professional Staff so appointed. All appointments to the Professional Staff are, subject to Section 5.03(g), conditional upon an academic appointment to the Faculty of Health Sciences of the University being granted to the applicant.
- (b) All applications for appointment and reappointment to the Professional Staff shall be processed in accordance with the provisions of this By-law, the Affiliation Agreement and the *Public Hospitals Act*.
- (c) The Board may, at any time, make, revoke or suspend any appointment to the Professional Staff or restrict the privileges of any member of the Professional Staff in accordance with the provisions of this By-law and the *Public Hospitals Act*.

5.02 Term of Appointment

- (a) Subject to the terms of this By-Law, each appointment to the Professional Staff shall be for a term of up to one (1) year.
- (b) Where a member of the Professional Staff has applied for reappointment within the time prescribed by MAC, the current appointment shall continue:
 - i. unless subsection 5.02(b)(ii) applies, until the reappointment is granted or not granted by the Board; or
 - ii. 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.

5.03 Qualifications and Criteria for Appointment to the Professional Staff

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

- (a) An applicant for appointment to the Professional Staff must meet the following qualifications:
 - i. have adequate training and experience for the privileges requested;
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- ii. have a demonstrated ability to:
 - A. provide patient care at an appropriate level of quality and efficiency;
 - B. work and communicate with, and relate to, others in a co-operative, collegial and professional manner;
 - C. communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;
 - D. participate in the discharge of staff, committee and, if applicable, teaching responsibilities, and other duties appropriate to staff category;
 - E. have an interest and aptitude towards scholarly activities;
 - F. meet an appropriate standard of ethical conduct and behaviour;
 - G. if applicable, the application's continuing medical education must be acceptable to the credentials committee of MAC; and
 - H. agree in writing in the credentials application that they will govern themselves in accordance with the requirements set out in the *Public Hospitals Act*, in this By-law, and with the Hospital's Mission, Vision and Values, Rules and Regulations, and Policies including but not limited to the Hospital's Code of Conduct;
 - iii. have maintained the level of continuing professional education required by the applicable regulatory College;
 - iv. have up-to-date inoculations, 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;
 - v. 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;
 - vi. have current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice;
 - vii. subject to subsection 5.03(b)(viii) below, all applicants must hold a current academic appointment in the Faculty of Health Sciences of the University or be in the process of applying for such application and have received evidence satisfactory to MAC and the Board that such appointment will be granted;
 - viii. the following applicants shall be excluded from the requirement to hold a current academic appointment in the Faculty of Health Sciences of the University, and from the joint appointment requirements contained in the Affiliation Agreement, and for such applicants, resignation or termination from either the Hospital or the University does not result in resignation or termination from the other:
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- A. as of the date of the Affiliation Agreement, all members of Active and Courtesy Professional Staff, whether they had joint appointments at that date or not. The exemption applicable to the then existing Active and Courtesy members of the Professional Staff shall apply to all their respective future applications, provided that only Courtesy Staff members who have Active Staff privileges at the St. Joseph's Hospital shall be eligible to transfer their grandfathered status from Courtesy to Active;
 - B. any applicant for appointment to the Department of Family Medicine. Notwithstanding the exemption, applicants to the Department of Family Medicine may apply to the Faculty of Health Sciences – Department of Family Medicine. Any such applicant can elect at any time for any reason whatsoever to resign a Faculty appointment and still maintain a Hospital appointment. This exemption shall also apply to Dentists, Midwives and Extended Class Nurses with the necessary changes in points of detail;
 - C. all Clinical Assistants, and all members of the Honourary, Term and Temporary Professional Staff; and
 - D. an applicant or member of the Professional Staff who is granted an exemption by the Board, following consultation with the University's Faculty of Health Sciences' Dean or delegate, due to Exceptional Circumstances. As defined in the Affiliation Agreement, Exceptional Circumstances means circumstances in which:
 - 1) the Professional Staff member has the training, skills and experiences which are required in the community; and
 - 2) the Professional Staff member does not meet the academic requirements of the University; and
 - 3) the Hospital is unable to attract a Professional Staff member with like skills, training and experiences, who would meet the academic requirements of the University; and
 - 4) the inability of the Hospital to grant Privileges would be prejudicial to the health and welfare of the members of the community; or
 - 5) a Professional Staff member has applied for an appointment to the Hospital and there is no shared academic and clinical mission;
- (b) In addition to the qualifications set out in subsection 5.03(a), an applicant for appointment to the Medical Staff must meet the following qualifications:
- i. be qualified to practice medicine and licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Physicians and Surgeons of Ontario or an equivalent certificate from their most recent licensing body;
 - ii. 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; and
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- iii. all members practicing in a specialty recognized by the Royal College of Physicians and Surgeons of Canada must hold a current certificate issued by the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians, or an educational license for which they have met all requirements to practice in such specialty, either by way of examination or by academic eligibility;
- (c) In addition to the qualifications set out in subsection 5.03(a), an applicant for appointment to the Dental Staff must meet the following qualifications:
- i. be qualified to practice dentistry and licensed pursuant to the laws of Ontario and have a letter of good standing from the Royal College of Dental Surgeons of Ontario or the equivalent letter from their most recent licensing body; and
 - ii. have a current Certificate of Professional Conduct from the Royal College of Dental Surgeons or the equivalent certificate from their most recent licensing body.
- (d) In addition to the qualifications set out in subsection 5.03(a), an applicant for appointment to the Midwifery Staff must meet the following qualifications:
- i. be qualified to practice midwifery and be licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Midwives of Ontario or an equivalent certificate from their most recent licensing body; and
 - ii. have a current Certificate of Professional Conduct from the College of Midwives of Ontario or the equivalent certificate from their most recent licensing body.
- (e) In addition to the qualifications set out in subsection 5.03(a), an applicant for appointment to the Extended Class Nursing Staff must meet the following qualifications:
- i. 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
 - ii. have a letter of good standing from the Ontario College of Nurses or their most recent licensing body.
- (f) Certain appointments, namely Associate and Clinical Scholar appointments subject to certain limited exceptions, 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 Professional Staff human resources plan.
- (g) In addition to any other provisions of the By-law, including the qualifications set out in subsection 5.03(b), 5.03(c), 5.03(d), 5.03(e) and 5.03(f), the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:
- i. the appointment is not consistent with the need for service, as determined by the Board from time to time;
 - ii. the Professional Staff human resources plan and/or the Impact Analysis of the Corporation and/or Department does not demonstrate sufficient resources to accommodate the applicant;
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- iii. the applicant was not granted an academic appointment to the Faculty of Health Sciences of the University; or
- iv. the appointment is not consistent with the strategic plan and mission of the Corporation.

5.04 Application for Appointment to the Professional Staff

- (a) The CEO, 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 By-law, the Corporate By-Law, and the Rules and Regulations and appropriate Policies, to each Professional Staff who expresses in writing an intention to apply for appointment to the Professional Staff.
- (b) An applicant for appointment to the Professional Staff shall submit to the CEO or delegate 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.

5.05 Procedure for Processing Applications for Appointment to the Professional Staff

- (a) Upon receipt of a complete application, the CEO or delegate shall deliver each original application forthwith to MAC through the Chair of MAC, 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 and the Chair of the Academic Department of the University.
 - (b) If both the Chief of Department and the Chair of the Academic Department agree, the application shall be referred by the Chief of the Department to the Credentials Committee. Failure of the Chief of the Department and Chair of the Academic Department to agree that the applicant should be considered by the Credentials Committee shall be dealt with in accordance with the Affiliation Agreement as follows:
 - i. The matter will be reviewed by the CEO, (or Vice President, Medical as delegate of the CEO) Chair of MAC, Dean of the Faculty of Health Sciences or designate, the Chief of Department and the Chair of the Academic Department of the University.
 - ii. In the event that an agreement can still not be reached, the Chief of Department and Vice President Medical will consider whether the applicant should be considered for the exception set out in Section 5.03 (a)(viii). If a determination is made that the exception applies the application shall be referred to the Credentials Committee.
 - iii. In the event that the Chief of Department and the Vice President Medical determine that the applicant does not fall within the exception set out in Section 5.03 (a)(viii), the Vice President Medical and the Chief of Department will submit a recommendation to MAC that the applicant not be granted privileges.
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- iv. In the event of a recommendation that the applicant not be granted an appointment, the applicant will be processed by MAC pursuant to Section 5.05(d).
 - (c) The Credentials Committee shall review materials in the application, receive the recommendation of the Chief of the relevant Department and the Chair of the Academic Department and ensure:
 - i. all required information has been provided;
 - ii. investigate the professional competence and verify the qualifications of the applicant,
 - iii. consider whether the qualifications and criteria required by Section 5.03 are met;
 - iv. ensure that an analysis of the impact of the appointment on human and fiscal resources and in particular, the impact or consistency of the appointment with the Professional Staff human resource plan has been completed and approved; and
 - v. shall submit a report as to its assessment and recommendation to MAC at its next regular meeting.
 - (d) MAC shall:
 - i. receive and consider the report and recommendations of the Credentials Committee;
 - ii. review the application with reference to the Professional Staff Human Resources Plan and Impact Analysis; and
 - iii. send, within sixty (60) days of the date of receipt by the CEO of a complete application, notice of its recommendations to the Board and the applicant, in accordance with the *Public Hospitals Act*.
 - (e) Notwithstanding subsection 5.05(c)(iii), MAC 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.
 - (f) Where MAC recommends the appointment, it shall specify the category of appointment and the specific privileges it recommends the applicant be granted.
 - (g) Where MAC does not recommend appointment or where the recommended appointment or privileges differ from those requested, MAC shall inform the applicant that they are entitled to:
 - i. written reasons for the recommendation if a request is received by MAC within seven (7) days of the receipt by the applicant of notice of the recommendation; and
 - ii. a hearing before the Board if a written request is received by the Board and MAC within seven (7) days of the receipt by the applicant of the written reasons referred to in subsection 5.05(g)(i).
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- (h) Where the applicant does not request a hearing by the Board, the Board may implement the recommendation of MAC.
- (i) Where an applicant requests a hearing by the Board, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and ARTICLE 7 hereunder.
- (j) The Board shall consider MAC recommendations within the time frame specified by the *Public Hospitals Act*.
- (k) The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of MAC and such other considerations it, in its discretion, considers relevant including, but not limited to, the Professional Staff human resources plan, Impact Analysis, strategic plan and the Corporation's ability to operate within its resources.

5.06 Temporary Appointment

- (a) Notwithstanding any other provision of this By-law, the CEO, or delegate, after consultation with the Chair of MAC and the applicable department Chief, may:
 - i. grant a temporary appointment and temporary privileges to a Professional Staff member provided that such appointment shall not extend beyond the date of the next meeting of MAC at which time the action taken shall be reported; and on the recommendation of MAC, the temporary appointment and temporary privileges will continue until the next meeting of the Board.
- (b) A temporary appointment of the Professional Staff 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 professional staff or extended class nursing service; or
 - iii. for the purpose of short term teaching or assessment; or
 - iv. for any other reason deemed necessary by the CEO, or delegate, after consultation as noted in 5.06(a), to the operation of the Hospital.
- (c) The Board may, after receiving the recommendation of MAC, continue a temporary appointment granted pursuant to Section 5.06(a) 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.

5.07 Application for Reappointment to the Professional Staff

- (a) Each year, each member of the Professional Staff desiring reappointment to the Professional Staff shall make written application on the prescribed form to the CEO or delegate before the date specified by MAC.
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- (b) In light of the duration of the academic appointments and the Hospital's annual re-appointment process, the Hospital's re-appointment process will deem that the applicant has satisfied the requirements of the academic appointment process unless the Chair of the Academic Department advises the Chief of Department otherwise.
- (c) Each application for reappointment to the Professional Staff shall contain the following information:
- i. a restatement or confirmation of the undertakings and acknowledgements as part of the application for appointment:
 - A. a declaration that all information on file at the Hospital from the applicant's most recent application is up-to-date, accurate and unamended as of the date of the current application;
 - B. a description of all material changes to the information on file at the Hospital since the applicant's most recent application, including without limitation: an updated curriculum vitae including any additional professional qualifications acquired by the applicant since the previous application and information regarding any disciplinary or malpractice proceedings restriction in privileges or suspensions during the past year;
 - C. An acknowledgment that the Hospital will be reviewing the information maintained by the College with respect to the applicant's Certificate of Registration that is publicly available and that the applicant may be required to provide full disclosure, in the event that the information discloses new restrictions, referrals or findings;
 - D. a report of the Chief of the relevant Department or Departments, as the case may be, in accordance with a performance evaluation process in place from time to time, which report shall include the Chief of Department's and Chair of the Department 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 Section 4.02(a)(iv); and
 - H. such other information that the Board may require, respecting competence, capacity and conduct, having given consideration to the recommendation of MAC.
- (d) In the case of any application for reappointment in which the applicant requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
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5.08 Qualifications and Criteria for Reappointment to the Professional Staff

In order to be eligible for reappointment:

- (a) the applicant shall continue to meet the qualifications and criteria set out in Section 5.03; and
- (b) the applicant shall have demonstrated appropriate use of Hospital resources in accordance with the Professional Staff human resources plan and the Rules and Regulations and Policies.

5.09 Application for Change of Privileges

- (a) Each member of the Professional Staff who wishes to change their privileges, shall submit, on the prescribed form to the CEO an application listing the change of privileges requested, and providing evidence of appropriate training, qualifications and competence and such other matters as the Board may require.
- (b) The CEO shall refer any such application forthwith to MAC through the Chair of MAC, 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.
- (c) 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 MAC at its next regular meeting. The report shall contain a list of privileges, if any, that it recommends that the applicant be granted.
- (d) The application shall be processed in accordance with and subject to the requirements of Subsections 5.05(d) to 5.05(k).

5.10 Leave of Absence

- (a) Upon request of a member of the Professional Staff to the Chief of their Department, a leave of absence of up to twelve (12) months may be granted, after receiving the recommendation of MAC, by the Chair of MAC:
 - i. in the event of extended illness or disability of the member; or
 - ii. in other circumstances, upon recommendation of the Chief, as reported to the Credentials Committee and MAC.
 - (b) Following an initial leave of absence of twelve(12) months an additional request may granted in accordance with Section 5.10(a) to extend the leave of absence for a maximum of one (1) additional twelve (12) month period.
 - (c) After returning from a leave of absence granted in accordance with Section 5.10(a), the member of the Professional Staff will be required to complete a plan for return to practice and may be required to complete a competency review and produce a medical certificate of fitness from a physician acceptable to the Chair of MAC. The Chair of MAC may impose such conditions on the privileges granted to such member as appropriate.
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- (d) Should a member of the Professional Staff not return to practice following the term of a granted leave of absence, the individual shall be required to make a new application for appointment to the Professional Staff in the manner and subject to the criteria set out in this By-law.

ARTICLE 6: MONITORING, SUSPENSION AND REVOCATION OF APPOINTMENT

6.01 Monitoring Practices and Transfer of Care

- (a) Any concerns about the conduct, performance or competence of a member of the Professional Staff, including without limitation any aspect of patient care being carried out in the Hospital may be reviewed by the Chair of MAC or Chief of Department or VP Medical
 - (b) Where any member of the Professional Staff staff reasonably believes that a member of the Professional Staff is incompetent, attempting to exceed their privileges, incapable of providing a service that they are about to undertake, or acting in a manner that exposes or is reasonably likely to expose any patient, 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 Chair of MAC, the Chief of the relevant Department, VP Medical or the CEO, so that appropriate action can be taken.
 - (c) The Chief of a Department, on notice to the Chair of MAC 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 member of the Professional Staff or any consulting member of the Professional Staff involved in the patient's care and, if necessary, to MAC. If it is not practical to give prior notice to the Chair of MAC, notice shall be given as soon as possible.
 - (d) If the Chair of MAC or Chief of a Department becomes aware that, in such person's opinion a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment of the patient with the attending member of the Professional Staff. If changes in the diagnosis, care or treatment satisfactory to the Chair of MAC, Chief of Department, as the case may be, are not made, such person shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the patient.
 - (e) Where the Chair of MAC or Chief of a Department has cause to take over the care of a patient, the CEO, or the Chief of the Department, as the case may be, and one other member of MAC, the attending member of the Professional Staff, and the patient or the patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chair of MAC or Chief of Department shall file a written report with MAC within forty eight (48) hours of such action, or as soon as practicable thereafter.
 - (f) Where the MAC concurs in the opinion of the Chair of MAC or VP Medical or Chief of Department who has taken action under subsection 6.01(d) that the action was necessary, the MAC shall forthwith make a detailed written report to the CEO and the Board of the problem and the action taken.
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6.02 Suspension, Restriction or Revocation of Privileges

- (a) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke or suspend any appointment of a member of the Professional Staff or revoke, suspend, restrict or otherwise deal with the Privileges of a member of the Professional Staff. Unless immediate action is required for patient safety, adequate notice of suspension of Privileges shall be given by the CEO to the Dean of the Faculty of Health Sciences.
- (b) Any administrative or leadership appointment of the member of the Professional Staff will automatically terminate upon the restriction, revocation or suspension of privileges or, revocation of appointment, unless otherwise determined by the Board.
- (c) Where an application for appointment or reappointment is denied or, the privileges of a member of the Professional Staff have been restricted, suspended or revoked, by reason of incompetence, negligence or misconduct, or the member of the Professional Staff resigns from the Professional Staff during the course of an investigation into their competence, negligence or misconduct, the CEO or delegate 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.

6.03 Immediate Action

- (a) The CEO or Vice President Medical or Chair of MAC or Chief of a Department may temporarily restrict or suspend the privileges of any member of the Professional Staff, in circumstances where in their opinion the member's conduct, performance or competence:
 - i. 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
 - ii. 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.
 - (b) Before the CEO, the Chair of MAC, the Vice President Medical or Chief of a Department takes action authorized in subsection 6.03(a), 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 6.03(a) shall provide immediate notice to the others. The person who takes the action authorized in subsection 6.03(a) shall forthwith submit a written report on the action taken with all relevant materials and/or information to MAC.
 - (c) To meet minimum documentation standards outlined in legislation, the temporary restriction or suspension actions described in 6.03(a) may be exercised in the event a member of the Professional Staff has not completed medicals records within prescribed time frames which duties and time frames are set out in the Hospital's health records policies in place from time to time.
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6.04 Non-Immediate Action

- (a) After all appropriate steps have been taken pursuant to the human resources escalation process, as amended from time to time, and resolution has not been achieved, the procedure for a non-immediate action shall include:
- i. Information provided to the CEO or VP Medical or Chair of MAC by the Chief of Department which raises concerns about any of the matters in these By-Laws relating to non-immediate mid-term action, shall be in writing and will be directed to the President and CEO or VP Medical and the Chair of MAC.
 - ii. Where the CEO, VP Medical, the Chair of MAC or Chief of Department receives information about the conduct, performance or competence of a member of the Professional Staff, that person will provide a copy of the documentation to the other three.
 - iii. Upon receipt of information above, an interview will be arranged by the VP Medical or the Chair of MAC or Chief of Department with the member of the Professional Staff, at which time the member of the Professional Staff will be advised of the information about their conduct, performance or competence and will be given a reasonable opportunity to present relevant information on their behalf.
 - iv. A written record will be maintained reflecting the substance of the aforementioned interview and copies will be sent to the member of the Professional Staff, the CEO and/or the VP Medical and the Chair of MAC and the Chief of Department.
- (b) Where the member of the Professional Staff fails or declines to participate in an interview as set out above, after being given a reasonable opportunity to so participate, appropriate action may be undertaken further to the procedure as outlined in this section.
- (c) Following an interview as set out above, or where the member of the Professional Staff fails or declines to participate in an interview, the Chair of MAC, VP Medical, Chief of Department or CEO will determine whether further investigation of the matter is necessary.
- (d) If further investigation is to be undertaken, the investigation may be assigned to an individual(s) within the Hospital, the MAC, a body within the Hospital other than MAC or an external consultant. As appropriate, investigations shall be in accordance with the Hospital's Prevention and Management of Workplace Violence and Harassment Protocol. Upon the completion of the investigation contemplated by section 6.04(c) above, the individual or body who conducted the investigation will forward a written report as soon as practicable to the CEO, and/or VP Medical and the Chair of MAC and Chief of Department. The member of the Professional Staff will be provided with a written summary of the findings.
- (e) The Chair of MAC, the VP Medical, Chief of Department and CEO, upon further review of the matter and any report received, will determine whether further action may be required.
- (f) Where it is determined that further action in respect of the matter may be required, the matter shall be referred to MAC along with a proposed recommendation with respect to mid-term action in writing and supported by references to specific
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activities or conduct along with any reports which constitute grounds for the proposed recommendation.

- (g) MAC, in advance of considering the proposed recommendation, may initiate further investigation itself, in respect of such matters and in such a manner as it in its sole discretion deems appropriate.
- (h) Upon completion of its own investigation or upon receipt of the proposed recommendation as set out above, MAC may determine that no further action need be taken in respect of the matter for lack of merit or determine to have a Special Meeting of MAC where the member of the Professional Staff is entitled to attend such Special Meeting.
- (i) Where MAC considers the matter at a Special Meeting, then the procedures set out below in section 6.05 are to be followed.
- (j) The CEO, the VP Medical or the Chair of MAC, or the Chief of Department, may recommend to MAC that the privileges of any member of the Professional Staff be restricted, suspended or revoked in any circumstances where in their opinion the member of the Professional Staff's conduct, performance or competence:
 - i. fails to meet or comply with the criteria for annual reappointment; or
 - ii. 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
 - iii. is or is reasonably likely to be (a) detrimental to patient safety or to the delivery of quality patient care within the Hospital or (b) impact negatively on the operations of the Hospital;
 - iv. is such that disciplinary action is taken by the College in connection with the Professional Staff member's conduct, performance or competence; or
 - v. fails to comply with the Hospital's Mission, Vision, Values, by-laws, Rules and Regulations, or Policies including its Code of Conduct, the *Public Hospitals Act* or any other relevant law.

6.05 Referral to MAC for Recommendations

- (a) Following the temporary restriction or suspension of privileges under subsection 6.03, or in connection with the recommendation to MAC for the restriction or suspension or revocation of privileges under subsection 6.04, the following process shall be followed:
 - i. the Chief of Department of which the individual is a member or an appropriate alternate designated by the Chair of MAC or VP Medical or CEO shall forthwith submit to the MAC a written report on the action taken, or recommendation, as the case may be, with all relevant materials and/or information;
 - ii. 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 MAC, or as agreed upon by the parties;
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- iii. as soon as possible, and in any event, at least seventy-two (72) hours prior to MAC meeting, MAC shall provide the member with a written notice of:
 - A. the time and place of the meeting;
 - B. the purpose of the meeting;
 - C. a statement of the matter to be considered by MAC together with any relevant documentation;
 - D. a statement that the member is entitled to attend MAC meeting to make submission in respect of all matters considered by MAC; and
 - E. a statement that in the absence of the member, the meeting may proceed.
 - (b) The date for MAC to consider the matter under Section 6.05(a)(iii) may be extended by:
 - i. an additional five (5) days in the case of a referral under section 6.03; or
 - ii. any number of days in the case of a referral under section 6.04, if MAC considers it necessary to do so.
 - (c) MAC may:
 - i. set aside the restriction or suspension of privileges; or
 - ii. 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, MAC may also refer the matter to a committee of MAC.
 - (d) If MAC 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, MAC shall within forty-eight (48) hours, of MAC meeting, or as soon as practicable thereafter, provide the member with written notice of MAC's recommendation.
 - (e) The written notice shall inform the member that the member entitled to:
 - i. written reasons for the recommendation if a request is received by MAC within seven (7) days of the member's receipt of the notice of the recommendation; and
 - ii. a hearing before the Board if a written request is received by the Board and MAC within seven (7) days of the receipt by the member of the written reasons requested.
 - (f) If the member requests written reasons for the recommendation under section 6.05(e), MAC shall provide the written reasons to the member within seventy-two (72) hours of receipt of the request.
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ARTICLE 7: BOARD HEARING

7.01 Board Hearing

- (a) A hearing by the Board shall be held when one of the following occurs:
- i. the MAC recommends to the Board that an application for appointment, reappointment or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or
 - ii. MAC makes a recommendation to the Board that the privileges of a member of the Professional Staff be restricted, suspended or revoked or an appointment be revoked and the member requests a hearing.
- (b) The Board will name a place and time for the hearing.
- (c) In the case of immediate suspension or revocation of privileges, the Board hearing shall be held within fourteen (14) days of the date the applicant or members requests the hearing under section 7.01(a). In the case of non-immediate suspension or revocation of privileges, subject to subsection 7.01(d), 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.
- (d) The Board may extend the time for the hearing date if it is considered appropriate.
- (e) The Board will give written notice of the hearing to the applicant or member and to MAC at least seven (7) days before the hearing date.
- (f) The notice of the Board hearing will include:
- i. the place and time of the hearing;
 - ii. the purpose of the hearing;
 - iii. a statement that the applicant or member and MAC 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;
 - iv. 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;
 - v. a statement that the time for the hearing may be extended by the Board on the application of any party; and
 - vi. 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.

The Board Chair shall appoint a panel comprised of a subset of the Board, normally three in number, to conduct the hearing. If the Board Chair is a member of the panel,

the Board Chair shall also chair the panel. Otherwise the Board Chair shall select one of the panel members to serve as the panel chair. The panel shall be authorized to hear and determine all matters relating to the procedure and merits of the issues that are the subject of the hearing, including issues as to its jurisdiction. A decision of the majority of the panel shall be determinative;

- (g) The parties to the Board hearing are the applicant or member, MAC and such other persons as the Board may specify.
- (h) The applicant or member requesting a hearing and MAC 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.
- (i) 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.
- (j) 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*.
- (k) 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.
- (l) The Board shall make a decision to follow, amend or not follow the recommendation of MAC. The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of MAC and such other considerations it, in its discretion, considers relevant including, but not limited to, the considerations set out in sections 6.03, 6.04 and 6.05 respectively.
- (m) A written copy of the decision of the Board will be provided to the applicant or member and to MAC.
- (n) 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.

ARTICLE 8: PROFESSIONAL STAFF CATEGORIES AND DUTIES

8.01 Professional Staff Categories

- (a) The Medical Staff, Dental Staff and Midwifery Staff shall be divided into the following
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groups:

- i. Active;
 - ii. Associate;
 - iii. Honourary;
 - iv. Courtesy;
 - v. Term;
 - vi. Clinical Scholar;
 - vii. Clinical Assistant;
 - viii. Special Professional; and
 - ix. such categories as may be determined by the Board from time to time having given consideration to the recommendation of MAC.
- (b) The Extended Class Nursing Staff may be divided into such categories as the Board may from time to time determine having given consideration to the recommendation of MAC.

8.02 Active Staff

- (a) The Active Staff shall consist of those Professional Staff members 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 MAC, appoints directly to the Active Staff.
- (b) Except where approved by the Board, no professional staff with an active staff appointment at another Hospital shall be appointed to the Active Staff.
- (c) Each member of the Active Staff shall:
- i. have admitting privileges unless otherwise specified in their appointment;
 - ii. attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - iii. undertake such duties in respect of patients as may be specified by the Chair of MAC, and, if appropriate, by the Chief of the relevant Department to which they have been assigned;
 - iv. be responsible to the Chief of Department to which they have been assigned for all aspects of patient care;
 - v. act as a supervisor of other members of the Medical Staff, Dental Staff, Midwifery Staff or Extended Class Nursing Staff when requested by the Chair of MAC or the Chief of the Department to which they have been assigned;
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- vi. fulfill such on-call requirements as may be established by each Department or Service in accordance with the Professional Staff Human Resource Plan and the Rules and Regulations;
- vii. be bound by the expectations for attendance, as established by MAC, at Professional Staff, Departmental and Service meetings;
- viii. perform such other duties as may be prescribed by MAC or requested by the Chair of MAC, or Chief of the relevant Department from time to time;
- ix. if a Physician, be entitled to attend and vote at meetings of the Professional Staff and be eligible to be an elected or appointed officer of the Professional Staff; and
- x. if a Dentist or Midwife, be entitled to attend meetings of the Professional Staff but shall not have a vote or be eligible to hold an elected or appointed office of the Professional Staff.

8.03 Associate Staff

- (a) Professional staff who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff. An appointment to the Associate Staff will not extend beyond two (2) years except in certain circumstances deemed appropriate by the credentials committee of the MAC.
 - (b) Each member of the Associate Staff shall:
 - i. have admitting privileges unless otherwise specified in their appointment;
 - ii. attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - iii. work under the supervision of an Active Staff member named by the Chair of MAC to whom he or she has been assigned;
 - iv. undertake such duties in respect of patients as may be specified by the Chair of MAC, and, if appropriate, by the Chief of the relevant Department to which they have been assigned;
 - v. fulfill such on call requirements as may be established by each Department or Service and in accordance with the Professional Staff Human Resources Plan and the Rules and Regulations and Policies;
 - vi. be bound by the expectations for attendance, as established by MAC, at Professional Staff, Departmental and Service meetings;
 - vii. perform such other duties as may be prescribed by MAC or requested by the Chair of MAC or Chief of the relevant Department from time to time;
 - viii. if a Physician, be entitled to attend and vote at Professional Staff meetings but shall not be eligible to be an elected or appointed officer of the Professional Staff; and
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- ix. if a Dentist or Midwife, be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff.
- (c) At six (6) month intervals following the appointment of an Associate Staff member to the Professional Staff, the Active Staff member by whom the Associate Staff member has been supervised shall complete a performance evaluation and shall make a written report to the Chair of MAC, 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 5.03(a). The Chair of MAC shall forward such report to the Credentials Committee.
- (d) Upon receipt of the report referred to in subsection 8.03(c)(i), the appointment of the member of the Associate Staff shall be reviewed by the Credentials Committee, which shall make a recommendation to MAC.
- (e) If any report made under subsections 8.03(a) or 8.03(b) is not favourable to the Associate Staff member, MAC may recommend the appointment of the Associate Staff member be terminated.
- (f) No member of the Associate Staff shall be recommended for appointment to the Active Staff unless they have been a member of the Associate Staff for at least one (1) year.

8.04 Affiliate Staff

- (a) The Board may grant an applicant an appointment to the Affiliate Professional Staff in the following circumstance:
 - i. the applicant has requested an educational or professional affiliation with the Hospital within the Departments of Family Medicine, Complex Care and Aging or other Specialty (when not providing hospital based care).
 - (b) Members of the Affiliate Staff shall:
 - i. be bound by departmental attendance requirements for Professional Staff (applicable to the Department of Family Medicine only);
 - ii. be involved in continuing education activities on an annual basis;
 - iii. be permitted to provide supportive care to patients under their care within the community; and
 - iv. participate in Department quality assurance initiatives.
 - (c) Members of the Affiliate Staff shall not:
 - i. be granted admitting or discharge Privileges, or Privileges to perform any procedure or attend Patients in the Hospital;
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- ii. have regular assigned clinical duties or responsibilities; or
- iii. be eligible to vote at Professional Staff meetings or hold office.

8.05 Honourary Staff

- (a) 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:
 - i. is a former member of the Professional Staff who has retired from active practice; and/or
 - ii. has contributed to the Hospital and has an outstanding reputation or made an extraordinary accomplishment.
- (b) Members of the Honourary Staff:
 - i. shall not have privileges or provide patient care;
 - ii. shall not have regularly assigned clinical, academic or administrative duties or responsibilities;
 - iii. may attend, but shall not vote at, Professional Staff meetings, and shall not be eligible to hold elected or appointed offices in the Professional Staff; and
 - iv. shall not be bound by the attendance requirements of the Professional Staff.

8.06 Courtesy Staff

- (a) The Courtesy Staff shall consist of those Professional Staff appointed by the Board to the Courtesy Staff in one or more of the following circumstances:
 - i. the applicant meets a specific service need of the Corporation; or
 - ii. where the Board deems it otherwise advisable and in the best interests of the Corporation.
 - (b) Members of the Courtesy Staff shall:
 - i. be a member of the Active or Associate Staff of another hospital or be employed by a Provincial or Federal Government regulated medical organization at which the Professional Staff member's primary activities are based, subject otherwise to the determination of the Board;
 - ii. have such limited privileges as may be granted by the Board on an individual basis;
 - iii. attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - iv. be responsible to the Chief of Department to which they have been assigned for all aspects of patient care; and
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- v. be entitled to attend Departmental and Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff.

8.07 Term Staff

- (a) Term staff will consist of applicants who have been granted privileges as approved by the Board having given consideration to the recommendation of the Chief of Department and MAC in order to meet a specific clinical or academic need for a defined period of time up to one year (subject to renewal for a further period of up to one additional year).
- (b) The specific clinical or academic need(s) shall be identified by MAC and approved by the VP Medical and CEO of the Hospital. Such needs may include services provided by visiting professorships, episodic or limited surgical or consultative services or such other circumstances as may be required.
- (c) Appointments shall be for a period not to exceed one (1) year and such appointment does not imply or provide for any continuing professional staff appointment.
- (d) Appointments will be consistent with the established Professional Staff Human Resource Plan and will be subject to completion of an Impact Analysis
- (e) Term staff:
 - i. may be required to work with the counsel and under the supervision of an Active staff member identified by the Chief of Department;
 - ii. may be required to undergo a probationary period as appropriate and as determined by the Chief of Department;
 - iii. shall, unless otherwise specified in the grant of privileges by the Board, have admitting privileges; and
 - iv. shall be entitled to attend at Professional Staff meetings.
 - v. Term staff will not:
 - A. be eligible for re-appointment at the end of the appointment;
 - B. vote at meetings of the Professional staff or be an officer of the Professional staff or committee chair; and
 - C. be bound by the expectations for attendance at Professional staff, departmental and service meetings.

Exceptions to the above are subject only to the determination by the Board.

8.08 Clinical Scholars

- (a) Clinical Scholars appointed by the Board shall include individuals for whom Hamilton Health Sciences and the Faculty of Health Sciences, McMaster
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University, wishes to provide an extra period of time for specialized post-certification training which involves both patient care and academic pursuit. A Clinical Scholar must be fully trained to function in his or her specialty (licensed and, where appropriate eligible for certification) and be a certified by the Royal College of Physicians & Surgeons.

- (b) Appointments shall be for a defined period of time of one (1) year and may be subject to renewal for one (1) additional year. In exceptional circumstances additional one (1) year appointments may be approved to a maximum of four (4) years as defined by the academic program within which the member is registered.
- (c) Clinical Scholars shall:
 - i. in specified circumstances, be granted admitting privileges upon the recommendation of the Chief of the Department in concurrence with the Chair of the University Department.

8.09 Clinical Assistants

- (a) Clinical Assistants are those Physicians who:
 - i. are registered with the Faculty of Medicine at the University or licensed for independent practice;
 - ii. may be engaged in post-graduate training;
 - iii. are working under the supervision of a member of the Active Staff;
 - iv. are appointed by the Board on the recommendation of the Chair of MAC and MAC subject to the terms of the Affiliation Agreement;
 - v. hold a license in good standing and Certificate of Registration from the College of Physicians of Surgeons of Ontario; and
 - vi. have membership in the Canadian Medical Protective Association or other evidence of medical practice protection coverage satisfactory to the Board.
- (b) Clinical Assistants shall not have the right to independently admit or attend patients, but may attend patients under the supervision of a member of the Active Staff;
- (c) Clinical Assistants shall not have membership or voting rights in the Professional Staff Association but may attend meetings of the Professional Staff Association;
- (d) Privileges and responsibilities for Clinical Assistants must be determined and authorized by the Chair of MAC. Such privileges and responsibilities shall be appropriate to the individual's qualifications and experience.

8.10 Extended Class Nursing Staff

- (a) The Board, having given consideration to the advice of MAC, will delineate the privileges for each member of the Extended Class Nursing Staff who is not an employee of the Corporation.
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- (b) Each new applicant for appointment to the Extended Class Nursing Staff shall be appointed for an initial probationary period of one (1) year.
- (c) Prior to completion of the one (1) year probationary period, a performance evaluation for a member of the Extended Class Nursing Staff shall be completed by the Chief of Department, concerning the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of his or her work and his or her performance and compliance with the criteria set out in subsection 5.03(a) and such report shall be forwarded to the Credentials Committee.
- (d) The Credentials Committee shall review the report referred to in subsection 5.03(a) and shall make a recommendation to MAC which shall in turn make a recommendation to the Board.
- (e) A member of the Extended Class Nursing Staff shall be entitled to attend but not vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office in the Professional Staff.

8.11 Special Professional Staff

- (a) Special Professional Staff will, subject to determination by the Board in each individual case:
 - i. consist of individuals employed by the Hospital with specific professional expertise who are not members of a regulated health profession and who have clinical/education/research and/or clinical/education/research/administrative responsibilities;
 - ii. hold a postgraduate degree;
 - iii. be designated by the Board having given consideration to the recommendation of the Chief of Department and MAC;
 - iv. be employees of the Hospital and subject to annual confirmation of their designation by the Board, on recommendation of the Chief of Department and MAC;
 - v. be eligible to attend Professional Staff meetings; and
 - vi. have regularly assigned administrative duties and responsibilities.
 - (b) Special Professional Staff will not:
 - i. be granted Admitting or Procedural Privileges, or engage in the practice of medicine; or
 - ii. vote at meetings of the Professional Staff or be an officer of the Professional Staff or a committee chair.
 - (c) The individual will meet the needs of the respective department as described in the Professional Staff Human Resource Plan, and will be assessed on the basis of credentials, experience, and such other factors as the Board may, from time to
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time, consider relevant or as set out in the Rules and Regulations.

- (d) At the time of application, the individual will accept in writing the mission statement and philosophy of the corporation, and agree in writing to abide by the requirements of the *Public Hospitals Act*, By-laws, Rules and Regulations, and Policies of the Corporation.
- (e) Special Professional Staff who are employees of the Corporation will be bound by its employment policies and procedures. In the event that a dispute arises regarding their employment, the employee dispute resolution mechanism of the Corporation will be followed. Should employment be terminated by the Corporation, the Special Professional Staff designation will also be terminated.

ARTICLE 9. DEPARTMENTS AND SERVICES

9.01 Professional Staff Departments

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

9.02 Services Within a Department

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

9.03 Changes to Departments and Services

The Board may at any time, after consultation with MAC, create such additional Departments or Services, amalgamate Departments or Services, or disband Departments or Services.

9.04 Professional Staff Human Resources Plan

- (a) Each Department shall develop a Professional Staff human resources plan in accordance with the Hospital Strategic Plan. The Plan shall be developed by the Chief of the Department, after receiving and considering the input of the members of the Professional Staff in the Department, the Chair of the Academic Department and the appropriate regional partners. Each Department's Plan shall include: the required number and expertise of the Professional Staff;
 - (b) a recruitment plan, which shall include an Impact Analysis; and
 - (c) reasonable on-call requirements for members of the Professional Staff of the Department.
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ARTICLE 10. LEADERSHIP POSITIONS

10.01 Professional Staff Leadership Positions

- (a) The following positions shall be appointed in accordance with this By-law:
 - i. Chair of MAC; and
 - ii. where the Professional Staff has been organized into Departments, Chiefs of Departments (or in the case of West Lincoln Memorial Hospital, the Medical Director).
- (b) The following positions may be appointed in accordance with this By-law:
 - i. Vice Chair of MAC;
 - ii. Deputy Chief of Department;
 - iii. Site Leads; and
 - iv. Heads of Service.
- (c) Where there are simultaneous vacancies of a Chief of Department and academic department chair, the search processes of the two may be merged. This can only occur with prior approval of the Board having given consideration to the recommendation of MAC, the Faculty of Health Sciences and appropriate regional partners.
- (d) Notwithstanding any other provision in this By-law, in the event that the term of office of any person referred to in this section shall expire before a successor is appointed the appointment of the incumbent may be extended until such time a successor is identified and appointed.
- (e) An appointment to any position referred to in subsections 10.01(a) or 10.01(b) 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.
- (f) An appointment to any position referred to in subsections 10.01(a) or 10.01(b) may be revoked at any time by the Board.
- (g) The Board shall receive and consider the input of the appropriate Professional Staff before it makes an appointment to a Professional Staff leadership position.

10.02 Appointment of Chair of MAC

- (a) The Board, unless it determines otherwise, will appoint as Chair of MAC a Physician who is a member of the Active Staff. The position of Chair of MAC will be open to any Active Staff member.
 - (b) The appointment will be made following consultation with MAC.
 - (c) The Board will establish a search committee for the position of Chair of MAC and will establish the composition and terms of reference for any such search
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committee.

- (d) The search committee will be chaired by a member of the Board appointed by the Board for this purpose and will include at least two representatives of appointed Medical Staff leaders and the President of the Medical Staff Association.

10.03 Term of Office

- (a) Subject to annual reappointment by the Board, and unless the Board otherwise determines, the Chair of MAC will be eligible to serve one three (3) year term which may be renewed for a second term of three (3) years.
- (b) Notwithstanding any other provisions contained in this By-Law, the office of the Chair of MAC can be revoked at any time by the Board.

10.04 Role of Chair of MAC

- (a) The Chair of MAC will:
 - i. provide leadership in the establishment of an interdisciplinary approach to patient and family-centred care and service;
 - ii. collaborate with representatives of other disciplines to create an environment that promotes commitment to continuous improvement of patient care outcomes;
 - iii. enhance education and research throughout the organization; and
 - iv. champion and participate in organization and development at a strategic and project level.

10.05 Responsibilities and Duties of Chair of MAC

- (a) The Chair of MAC shall:
 - i. be a non-voting member of the Board;
be an ex-officio member of all MAC sub-committees; and
 - ii. report regularly to the Board on the work and recommendations of MAC.
 - (b) The Chair of MAC is accountable to the Board for chairing MAC Executive, and MAC. It is also the responsibility of the Chair to report regularly to the Board on the work and recommendations of the MAC and its component parts and subcommittees;
 - (c) In addition, the Chair of MAC has the following other specific duties:
 - i. the Chair of MAC will be a member of the Board and such committees of the Board as provided in this By-Law, and such other committees as determined by the Board from time to time;
 - ii. the Chair of MAC will advise the Board with respect to the Quality of care provided by Professional Staff to patients;
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- iii. through the Chiefs of Department, the Chair of MAC ensures adequate supervision of any member of the Professional Staff for any period of time when the Professional Staff member begins practice at the Corporation or is learning a new procedure;
 - iv. through the Chief of a Department, the Chair of MAC, when necessary, assumes or assigns to any other member of the Professional Staff, responsibility for the direct care and treatment of any patient of the Corporation under the authority of the *Public Hospitals Act*, and notifies the responsible Professional Staff Member, CEO or delegate, and, if possible, the patient of this reassignment of care;
 - v. the Chair of MAC will liaise with the Dean of the Faculty of Health Sciences and the Chief of Staff, St. Joseph's Hospital;
 - vi. the Chair of MAC will cooperate with the Vice President Medical in coordinating the work of the Chiefs of Department in the development, periodic review and revision of departmental Clinical Resource Plans and clinical utilization management review activities;
 - vii. the Chair of MAC will also work with the Vice President Medical in investigating matters of patient care, academic responsibilities or conflicts with Hospital employees and members of the Professional Staff. Similarly, the duties include implementing procedures to monitor and ensure Professional Staff compliance with By-Laws, Rules and Regulations, Policies and practice of the Professional Staff; and
 - viii. the Chair of MAC will support the Chiefs of Departments in encouraging participation of Professional Staff in continuing education and professional development.
- (d) The Chair of MAC shall, in consultation with the CEO, designate an alternate to act during the absence of both the Chair of MAC and the Vice Chair of MAC, if any.

10.06 Appointment and Duties of Vice Chair of MAC

A Vice Chair of MAC may be appointed by MAC. The Vice Chair of MAC, if appointed, shall be a member of the MAC and shall act in the place of the Chair of MAC if the Chair of MAC is absent or unable to act, and shall perform such duties as assigned from time to time by the Chair of MAC; provided that the Vice Chair shall not be a director of the Hospital unless appointed as Chair of MAC on an acting or interim basis in accordance with subsection 10.01(e).

10.07 Appointment of Chiefs of Department

- (a) The Board shall appoint a Chief of each Department.
- (b) The search committee will be chaired by the VP Medical and include:
 - i. at least two members of the Active Staff of the Department for which the Chief of Department is being sought;

- ii. a representative of the corresponding academic discipline appointed by the Dean/Vice President, Faculty of Health Sciences;
 - iii. the CEO;
 - iv. a representative of the Board, appointed by the Board;
 - v. a member of the Medical Advisory Committee; and
 - vi. such other members of the Active Professional Staff from departments which work closely with the Department Chief as determined by the VP Medical.
- (c) Subject to the results of the annual performance evaluations outlined in section 10.09 Chiefs of Department will be eligible to serve a four (4) year term, with the possibility of serving a second four year term.
- (d) In the event of a vacancy of a Chief of Department, the Board will direct MAC to cause the Vice President Medical Affairs and Quality to establish a committee to undertake a search for the express purpose of recommending a candidate for the vacant position. The committee will conduct the search and make a recommendation through the Chair of MAC to the Board. The work of the committee will include, but not be limited to, establishing criteria to be used in the selection, making a decision between a local or a national search, overseeing the process to obtain candidates, interviewing candidates and agreeing on a process by which to make a final recommendation.

10.08 Duties of Chiefs of Department

- (a) Through the Chair of MAC, the Chief of the Department is responsible to the Board for the quality of clinical care provided by the Professional Staff to all patients by members of the Department.
 - (b) With the advice of the chair of the corresponding academic department, relevant committees and leadership through the Chair of MAC, the Chief of the Department is responsible to the Board for the promoting and conduct of research and academics undertaken by members of the Department.
 - (c) The Chief will (i) provide organizational leadership consistent with the Hospital's Mission, Vision and Values, (ii) ensure effective mechanisms of communication with members of the Department to inform and seek input on hospital policies and procedures, rules, goals and objectives, strategic planning activities and resource allocation, and (iii) encourage, support, motivate and supervise members of the Department, and fosters an atmosphere of collegiality within the Department and the Hospital.
 - (d) The Chief will collaborate with the Hospital in the management of any complaint relating to a member of the Professional Staff.
 - (e) So as to carry out the clinical, academic, and administrative responsibilities of a Chief of Department in concert with other related Departments, the Chief of Department shall receive reports of Professional Staff standing and ad hoc committees, work with other Chiefs of Department in collaboration with the Clinical Program and Service
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Medical Directors, the Vice President, Medical and the Corporation's management in forming and recommending policy to the Board.

- (f) As a member of MAC, the Chief of Department is responsible to ensure that the responsibilities under this By-law, Rules and Regulations, Policies of the Hospital, the Professional Staff, MAC and the Department are complied with by all members of the Department.
 - (g) The Chief of Department is responsible for forming, revising and interpreting departmental policy to all departmental members with a special emphasis on the need for orientation and policy interpretation to new members of the Department.
 - (h) The Chief of Department is responsible for ensuring that the resources of the Hospital allocated for the Department are equitably distributed among the members of the department and ensuring the following are in place:
 - i. a process for making decisions with respect to changes in the Department Resources; and
 - ii. a dispute resolution process regarding decisions made under (g) above.
 - (i) The Chief of Department is responsible for conducting a performance evaluation of all members of the Department on an annual basis. This includes, with the advice of the chair of the corresponding academic department, the annual evaluation of all members of the Department and the periodic reviews of heads of Service within the Department.
 - (j) In addition to duties included elsewhere in this By-Law, with Department members assistance, duties of the Chief of Department include:
 - i. developing with the professional staff leadership and Vice President, Medical with the advice of the chair of the corresponding academic department, the Department's goals, objectives and strategic plan including a Medical Professional Staff Human Resource Plan for presentation to the Board through MAC;
 - ii. participating in the organization and implementation, with the professional staff leadership and Vice President Medical, of clinical utilization management review within the Department;
 - iii. participating in the development with the professional staff leadership and Vice President, Medical with the advice of the chair of the corresponding academic department, and Regional Partners, of a recruitment plan, including appropriate Impact Analysis, in keeping with the approved Medical Professional Staff Human Resource Plan of the Department;
 - iv. with the advice of the corresponding academic department chair, development with newly appointed members of the Department of a mutually agreed upon accountability statement related to items of patient care and academic responsibility which serve as the basis for individual members' annual evaluation; and
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- v. development and maintenance of a process to both promote and document quality management improvements in the Department including a continuous learning process of members of the Department.
- (k) The duties of the Chief of Department will also include the responsibility for discipline of Department members in regard to matters of patient care, academic responsibilities with the advice of the chair of the corresponding academic department, co-operation with Hospital employees, and documentation of care.
- (l) Other duties assigned by the Board, MAC or Vice President Medical from time to time.

10.09 Performance Evaluation of Chiefs of Departments

- (a) Chiefs of Department will be subject to annual reappointment by the Board to coincide with the Chief of Department's date of appointment. The annual performance evaluation will be conducted by the Vice President Medical, in consultation with the Chair of MAC, pursuant to a process to be established from time to time by the Vice President Medical in conjunction with HR, which confidential process shall include, among other things, anonymous input from a cross-section of members of the Department, from 'front-line' Professional Staff to senior Professional Staff members.
 - (b) In the second year of a Chief of Department's four year term, a review of the performance of the Chief of Department will be undertaken. This may be undertaken by the Vice President Medical, Chair of MAC or be undertaken by another member of the MAC Executive and should include formal assessment of the Chief of Department by peers/colleagues, persons who are accountable to the Chief of Department and persons to whom the Chief of Department is accountable in addition to the Chair of MAC.
 - (c) At the beginning of the fourth year of the Chief of Department's first term, a formal evaluation similar to that set out at subsection 10.09(b) will be undertaken in preparation for the decision regarding reappointment of the Chief of Department for a second (2nd) four (4) year term. Under exceptional circumstances where it is known that the Chief of Department will continue beyond the second (2nd) term, a formal evaluation should occur at the beginning of the final year of the Chief of Department's term.
 - (d) The duties of Chiefs of Department as set out in section 10.08 of this By-Law, and the specific duties, if any, as determined at the time of appointment, will be used as the criteria against which the performance of the Chief of Department will be evaluated.
 - (e) A review of the Chief of Department's performance may be initiated at other times by the Vice President Medical, or delegated to the Chair of MAC on the basis of a request from:
 - i. the Board; or,
 - ii. any of the standing sub-committees of MAC; or,
 - iii. the President of the Professional Staff Association; or
 - iv. the CEO.
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- (f) In preparation for the annual performance evaluation, the Chief of Department will prepare a brief summary of:
 - i. the Department's objectives over the past year;
 - ii. the attainment or status of these objectives; and
 - iii. the objectives for the year ahead.

10.10 Appointment and Duties of Deputy Chiefs of Departments/Site Leaders

- (a) MAC, on the recommendation of the Chief of Department, will appoint a deputy Chief of Department and/or Site Leader. Notwithstanding any other provisions contained in the By-Laws, the office of the Deputy Chief of Department or Site Leader may be revoked at any time by the relevant Chief of Department and/or the Board.
- (b) In bringing forward the recommendation, the Chief of Department will demonstrate a process of consultation within the Department (and if appropriate, between departments), with programs, with the Faculty of Health Sciences and the CEO. There will also be consultation with the Chair of MAC prior to presentation of the recommendation to MAC.
- (c) A Deputy Chief or Department/Site Leader will be eligible to serve a four (4) term with the possibility of serving a second four year term.
- (d) Reappointment will be on an annual basis, in accordance with the academic year, on recommendation of the Chief of the Department to MAC.

10.11 Duties of Deputy Chiefs of Department/Site Leaders

The Deputy Chief of Department and Site Leader are the delegates of the Chief of Department. As such, they have responsibilities and duties similar to those of the Chief of Department. These responsibilities and duties are determined by the Chief of Department.

10.12 Performance Evaluations of Deputy Chiefs of Department/Site Leaders

The appointments will be subject to annual review by the Chief of Department.

10.13 Appointment of Heads of Service

- (a) Heads of Service may be Service specific, Site specific, or function specific, as deemed necessary by the Chief of Department.
 - (b) The Chief of Department is responsible for recommending to MAC for its approval both the Service leadership structure and the specific individuals within that proposed structure.
 - (c) The Chief of Department, in arriving at these recommendations, will demonstrate a process of consultation within the Department (and if appropriate, between Departments), with programs and with the Faculty of Health Sciences.
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- (d) MAC, on the recommendation of the Chief of Department, will appoint a Head of Service. Notwithstanding any other provisions contained in the By-Laws, the office of the Head of Service may be revoked at any time by the Board.
- (e) A Head of Service will be eligible to serve a four (4) year term with the possibility of serving a second four year term.
- (f) Reappointment will be on an annual basis, in accordance with the academic year, on recommendation of the Chief of the Department to MAC.

10.14 Duties of Heads of Service

The Head of Service is the delegate of the Chief of the Department. As such, the Head of the Service has responsibilities and duties similar to those of the Chief of the Department. These responsibilities and duties, however, focus on the quality of care and operation of the Service and the specific subspecialty.

10.15 Performance Evaluation of Heads of Service

- (a) Heads of Service appointments will be subject to annual review by the Chief of Department.
- (b) The annual review of Heads of Service will coincide with the annual review of appointments within the respective departments.

10.16 VP Medical

For clarity, the VP Medical is an employee of the Hospital and reports directly to the CEO. The VP Medical is responsible for operational medical leadership related to physician professional practice and human resources planning, academic relations, executive leadership for quality and performance, inter-professional practice, and research. The VP Medical assists the Chair of MAC in the discharge of the Chair's duties hereunder, and further coaches and mentors Department Chiefs ensuring adequate supervision of any member of the Professional Staff for any period of time when concerns arise about the quality of care of a member of the Professional Staff. All Chiefs report into the VP Medical.

ARTICLE 11. MAC

11.01 Composition of MAC

- (a) MAC shall consist of the following voting members one of whom shall be the Chair in accordance with Section 10.02:
 - i. the member of the Professional Staff who is appointed by the Board as Chair of MAC;
 - ii. the Chiefs of Department;
 - iii. the President, Vice President and Secretary/Treasurer of the Professional Staff; and
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- iv. such other members of the Professional Staff as may be appointed by the Board from time to time.
- (b) In addition, the following shall be entitled to attend the meetings of MAC without a vote:
- i. the Head of Service of the Midwifery Service;
 - ii. the Head of the Dental Service;
 - iii. the CEO;
 - iv. VP Medical;
 - v. the Dean of the Faculty of Health Sciences or delegate;
 - vi. Vice President Medical of St. Joseph’s Hospital Hamilton;
 - vii. Chair of the Board of Directors or delegate;
 - viii. the Chief Nursing Executive;
 - ix. Director, Medical Affairs;
 - x. any President, Executive Vice President, Vice President or Medical Director of the Hospital; and
 - xi. others at the invitation of the Chair of MAC.

11.02 Recommendations of MAC

MAC shall consider and make recommendations and report to the Board, in accordance with the *Public Hospitals Act* and the regulations pertaining thereto.

11.03 MAC Duties and Responsibilities

MAC shall perform the duties and undertake the responsibilities set out in the *Public Hospitals Act*, including:

- (a) make recommendations to the Board concerning the following matters:
- i. every application for appointment or reappointment to the Professional Staff and any request for a change in privileges;
 - ii. the privileges to be granted to each member of the Professional Staff;
 - iii. the by-laws and Rules and Regulations respecting the Professional Staff;
 - iv. the revocation, suspension or restrictions of privileges of any member of the Professional Staff; and
 - v. the quality of care provided in the Hospital by the Professional Staff; and
 - vi. supervise the clinical practice of Professional Staff in the Hospital;
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- vii. appoint the Professional Staff members of all committees established under section 11.04;
- viii. receive reports of the committees of MAC;
- ix. advise the Board on any matters referred to MAC by the Board; recognizing the impact of regionalization, make recommendations to Hospital Administration and to the Board on matters of patient care, professional education and research;
- x. develop, maintain and recommend to the Board a Professional Staff Human Resource Plan;
- xi. facilitate the development and maintenance of Rules and Regulations, and policies and procedures of the Professional Staff; and
- xii. where MAC identifies systemic or recurring quality of care issues in making its recommendations to the Board under subsection 2(a)(v) of the Hospital Management Regulation (965) under the *Public Hospitals Act*, MAC shall make recommendations about those issues to the Hospital's quality committee established under subsection 3(1) of the *Excellent Care for All Act*.

11.04 Establishment of Committees of MAC

- (a) The Board may, on the recommendation of MAC establish such standing and special sub-committees of MAC as may be necessary or advisable from time to time for MAC to perform its duties under the *Public Hospitals Act* or the by-laws of the Hospital.
- (b) The terms of reference and composition for any standing or special sub-committees of MAC may be set out in the Rules and Regulations on recommendation of MAC. The Professional Staff members of any such subcommittee of the MAC shall be appointed by MAC.

11.05 Composition of the Executive Committee of MAC

- (a) The Executive Committee of MAC shall be comprised of the following voting members:
 - i. the Chair of MAC;
 - ii. the Vice President, Medical (non-voting);
 - iii. President of the Professional Staff; and
 - iv. such other members of MAC as may be appointed from time to time by MAC.
 - (b) In addition, the following *ex officio* members shall be entitled to attend meetings of the Executive Committee of MAC:
 - i. the CEO;
 - ii. Chief Nursing Executive/Vice President Professional Affairs;
 - iii. Director of Medical Affairs; and
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- iv. Dean of the Faculty of Health Sciences.

11.06 Duties and Responsibilities of the Executive Committee of the MAC

The Executive Committee of MAC shall:

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

11.07 Quorum for MAC and Sub-Committee Meeting

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

ARTICLE 12. MEETINGS – MEDICAL STAFF ASSOCIATION

12.01 Medical Staff Association

The Medical Staff Association represents, engages and advocates on behalf of Medical Staff members, and is a first point of contact for Medical Staff members to bring forth concerns in a confidential manner. The Medical Staff Association Executive Committee is recognized by the Hospital as forming part of the physician leadership team.

12.02 Meetings of the Medical Staff Association

- (a) At least four (4) meetings of the Medical Staff Association will be held in conformity with the Hospital Management Regulation under the *Public Hospitals Act*, one of which will be the annual meeting.
- (b) An email notification of each regular meeting will be distributed by the Secretary/Treasurer of the Medical Staff Association at least forty-eight (48) hours prior to each regular meeting and email notice of the annual meeting will be distributed at least ten (10) days in advance of the meeting.

12.03 Special Meetings of the Medical Staff Association

- (a) In cases of emergency, the President of the Medical Staff Association may call a special meeting of the Medical Staff Association.
- (b) Notice of any special meeting will be as required for a regular meeting, except in cases of emergency, and will state the nature of the business for which the special meeting is called.
- (c) The usual period of time required for giving notice of any special meeting will be waived in cases of emergency, subject to ratification of this action by the majority of those members present voting at the special meeting as the first item of business of the meeting.

12.04 Quorum

Fifty (50) Medical Staff members entitled to vote (e.g., Active, Associate) will constitute a quorum at any annual or regular meeting of the Medical Staff Association, and seventy-five

(75) Medical Staff members entitled to vote will constitute a quorum at any special meeting of the Medical Staff Association.

12.05 Attendance for Meetings of the Medical Staff Association and Medical Staff Association Dues

- (a) The Secretary of the Medical Staff Association will make a record of the attendance of each meeting of the Medical Staff Association and provide it to the Chief of the Department.
- (b) Each member of the Active and Associate Staff will be expected to attend at least fifty (50) percent of the meetings of the Medical Staff Association and seventy (70) percent of the meetings of the respective Department to which they are associated.
- (c) Each member of the Medical Staff Association shall be required to pay such dues as are established by the offices of the Medical Staff Association from time to time.

ARTICLE 13. OFFICERS OF THE MEDICAL STAFF ASSOCIATION

13.01 Officers of the Medical Staff

- (a) The officers of the Medical Staff shall be:
 - i. the President of the Medical Staff Association;
 - ii. the Vice President of the Medical Staff Association; and
 - iii. the Secretary/Treasurer of the Medical Staff Association.
 - (b) The Executive Committee of the Medical Staff Association shall be composed of:
 - i. the President of the Medical Staff Association;
 - ii. the Vice President of the Medical Staff Association;
 - iii. the Secretary/Treasurer of the Medical Staff Association;
 - iv. up to eleven (11) members-at-large, it being the intention but not the requirement that up to two (2) of whom shall be Family Physicians;
 - v. the immediate past President of the Medical Staff Association;
 - vi. the Chair of MAC (or delegate, at discretion of the MSA Executive); and
 - vii. the Website Manager (Communication).
 - (c) The officers of the Medical Staff will be elected by a majority vote of the Active and Associate Members of the Medical Staff in accordance with the procedures established by the Medical Staff Association from time to time.
 - (d) The officers will be elected for a one (1) year term and may be re-elected to the same office for an additional one (1) year term. An officer may be re-elected to the same
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position for up to two (2) terms following a break in continuous service of at least one year.

- (e) Only Active members who have served at least one (1) year on the Medical Staff Association Executive Committee are eligible to run for one of the offices of President, Vice President or Secretary/Treasurer.

13.02 President of the Medical Staff

The President of the Professional Staff will:

- (a) preside at all meetings of the Medical Staff;
- (b) call special meetings of the Medical Staff;
- (c) be a member of MAC;
- (d) be a non-voting member of the Board and as a Director, fulfill fiduciary duties to the Hospital by making decisions in the best interest of the Hospital as required pursuant to the By-Law and the Corporate By-Law;
- (e) be a member of Committees of the Board as designated by the By-Laws of the Corporation, and all committees of MAC and the Medical Staff Association; and
- (f) act as a liaison between the Medical Staff, the CEO, and the Board with respect to matters concerning the Medical Staff.

13.03 Vice President of the Medical Staff

The Vice President of the Medical Staff will:

- (a) act in the place of the President of the Medical Staff and perform the duties and possess the powers of the President, in the absence or disability of the President;
- (b) be a member of MAC; and
- (c) perform such duties as the President of the Medical Staff may delegate.

13.04 Secretary/Treasurer of the Medical Staff

The Secretary/Treasurer of the Medical Staff will:

- (a) attend to the correspondence of the Medical Staff;
 - (b) be a member of MAC;
 - (c) maintain the financial records of the Medical Staff and provide a financial report at the annual meeting of the Medical Staff;
 - (d) ensure notification of all members of the Medical Staff at least 48 hours prior to each regular meeting;
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- (e) ensure that minutes are kept of Medical Staff meetings; and
- (f) act in the absence of the Vice President of the Medical Staff, performing the duties and possessing the powers of the Vice President in the absence or disability of the Vice President of the Medical Staff.

13.05 Vacancies

When vacancies occur during the term of office, they will be filled for the balance of the term by a majority vote of the Executive Committee.

ARTICLE 14. INDEMNIFICATION

14.01 Indemnification

Every member of the MAC and MSA Executive and his or her heirs, executors, administrators and estates and effects, respectively, shall from time to time and at all times, be indemnified and saved harmless by the Corporation from and against:

- (a) all costs, charges and expenses whatsoever which such member sustains or incurs in or about any action, suit or proceeding which is brought, commenced or prosecuted against him or her, for and in respect of any act, deed, matter or thing whatsoever made, done, permitted to be done or permitted by him or her, in or about the execution of any of their duties as a member of the MAC; and
- (b) all other costs, charges and expenses which he or she sustains or incurs in or about or
- (c) in relation to the affairs of the Corporation, except such costs, charges or expenses as occasioned by his or her own willful neglect or default.
- (d) The indemnity provided for in the preceding paragraphs:
 - i. shall not apply to any liability which a member the MAC may sustain or incur as the result of any act or omission in carrying out their duties as a member of the Professional Staff of the Corporation; and
 - ii. shall be applicable only if the member acted honestly and in good faith with a view to the best interests of the Corporation and in the case of criminal or administrative action or proceeding that is enforceable by a monetary penalty, had reasonable ground for believing that his or her conduct was lawful.

14.02 Insurance

The Corporation shall purchase and maintain insurance for the benefit of the members of the MAC against any liability incurred in that person's capacity as such member or other person acting on behalf of the Corporation, except where the liability relates to that person's failure to act honestly and in good faith with a view to the best interests of the Corporation and subject to the terms and conditions contained in any such policy of insurance.

ARTICLE 15. AMENDMENTS TO THE BY-LAW

15.01 Amendment

Subject to applicable legislation, the By-law may be repealed or amended by by-law enacted by a majority resolution of the Directors at a meeting of the Board, which by-law or amendment has full force and effect from the time the motion was passed or from such future time as may be specified in the motion. A by-law or amendment to the By-law passed by the Board shall be presented for confirmation at the next annual meeting or to a general meeting of the Members called for that purpose.

The Members may confirm the by-law as presented or reject or amend it, and if rejected, it thereupon ceases to have effect and if amended, it takes effect as amended.

In any case of rejection, amendment, or refusal to approve the by-law or part of the by-law in force and effect in accordance with any part of this section, no act done or right acquired under any such by-law is prejudicially affected by any such rejection, amendment or refusal to approve.

- (a) Prior to submitting amendments to this By-law to the approval processes described above: notice specifying the proposed By-law or amendments thereto 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 MAC may make recommendations to the Board concerning the proposed amendment.
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