SOUTH BRUCE GREY
HEALTH CENTRE
CHESLEY | DURHAM | KINCARDINE | WALKERTON

PROFESSIONAL STAFF BY-LAW

Effective Date: August 2, 2024

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PROFESSIONAL STAFF BY-LAW OF
SOUTH BRUCE GREY HEALTH CENTRE

Be it enacted as the Professional Staff By-law of the Corporation as follows:

ARTICLE 1 – DEFINITIONS

1.1 Definitions

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

(i) "**Board**" means the board of Directors of the Corporation;

(ii) "**business day**" means a day other than a Saturday, Sunday, or a statutory holiday in Ontario;

(iii) **"By-law"** means this Professional Staff By-law;

(iv) "**Chair of the Medical Advisory Committee**" means a Physician member of the Professional Staff who is appointed by the Board to chair the Medical Advisory Committee;

(v) "**Chief Executive Officer**" means, the president and chief executive officer of the Corporation who is the 'administrator' for the purposes of the *Public Hospitals Act*;

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

(vii) "**Chief of Staff**" means the Medical Staff member appointed by the Board to serve in accordance with the *Public Hospitals Act* and this By-law;

(viii) **"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;

(ix) "**Corporation"** means the South Bruce Grey Health Centre;

(x) **"Credentials Committee"** means a subcommittee of the Medical Advisory Committee established by the Board and tasked with reviewing applications for appointment and reappointment to the Professional Staff, and applications for a change in privileges, and making recommendations to the Medical Advisory Committee on these matters, and if no such subcommittee is established it means the Medical Advisory Committee;

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

(xii) "**Dental Staff**" means Dentists to whom the Board has granted the privilege of attending to Patients in the Hospital;

(xiii) "**Department**" means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;

(xiv) **"Director"** means a member of the Board;

(xv) "***Excellent Care for All Act***" means the *Excellent Care for All Act, 2010* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time;

(xvi) "**Ex-officio**" means membership "by virtue of the office"; and includes all rights, responsibilities, and power to vote unless otherwise specified;

(xvii) "**Extended Class Nursing Staff"** means those Registered Nurse in the Extended Class who are:

a) employed by the Corporation and are authorized to diagnose, prescribe for, or treat Patients in the Hospital; or

b) not employed by the Corporation and to whom the Board has granted privileges to diagnose, prescribe for, or treat Patients in the Hospital;

(xviii) "**Head of Service"** means a manager or leader of a hospital group or department;

(xix) "**Health Professions Appeal and Review Board"** means an independent adjudicative and regulatory tribunal created by the *Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998* (Ontario) to provide oversight to the regulated health professions of Ontario;

(xx) "**Hospital**" means a public hospital operated by the Corporation;

(xxi) **"Impact Analysis**" means a study conducted by the Chief Executive Officer in consultation with the Chief of Staff to determine the impact upon the resources of the Corporation of a proposed appointment of an applicant to the Professional Staff or an application by a Professional Staff member for additional privileges or a change in membership category;

(xxii) "**Medical Advisory Committee**" means the committee established under Article 9;

(xxiii) "**Medical Staff**" means those Physicians appointed by the Board and granted privileges to practice medicine in the Hospital;

(xxiv) "**Medical Staff Officer**" means the President, Vice President, or Secretary of the Medical Staff.

(xxv) "**Midwife**" means a midwife in good standing with the College of Midwives of Ontario;

(xxvi) "**Midwifery Staff**" means those Midwives appointed by the Board and granted privileges to practice midwifery in the Hospital;

(xxvii) **"Patient"** means any in-patient or out-patient of the Hospital;

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

(xxix) "**Policies**" means the administrative, human resources, clinical and professional policies of the Hospital and includes policies and procedures adopted by the Board or the Medical Advisory Committee under Article 2;

(xxx) "**Professional Staff**" means those, Dentists, Midwives, Registered Nurse in the Extended Class, and Physicians who are appointed by the Board and who are granted specific privileges to practice their profession in the Hospital;

(xxxi) "**Professional Staff Human Resources Plan**" means the plan developed for each Site that provides information and future projections on the management and appointment of the Professional Staff based on the mission and strategic plan of the Corporation;

(xxxii) "***Public Hospitals Act*"** means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the Regulations made under it and any statute that may be substituted therefore, as from time to time amended;

(xxxiii) "**Registered Nurse in the Extended Class**" being a member in good standing with the College of Nurses of Ontario who is a registered nurse and holds an extended certificate of registration under the *Nursing Act, 1991* (Ontario);

(xxxiv) **"Rules"** means the rules adopted by the Board under Article 2;

(xxxv) "**Site"** means the Hospital site of Chesley, Durham, Kincardine, or Walkerton, which will function in accordance with this By-law, Rules, and Policies;

(xxxvi) "**Site Chief"** means the physician appointed by the Board to be in charge of a Site of a Hospital; and

(xxxvii) **"Telephonic or electronic**" means any means that uses the telephone or any other electronic or other technological means to transmit information or data, including telephone calls, voice mail, fax, email, an automated touch-tone telephone system, computer, or computer networks.

1.2 Interpretation

In this By-law, unless the context otherwise requires, words importing the singular number include the plural number and vice versa; and "including" or "include(s)" means "including (or include(s)) without limitation". Where this By-law provides for a matter to be determined, prescribed, or requested by the Board, Medical Advisory Committee, Chief of Staff, or Site Chief, in all instances, the determination, prescription, or request may be made from time to time.

1.3 Delegation of Duties

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

1.4 Severability and Precedence

The invalidity or unenforceability of any provision of this By-law shall not affect the validity or enforceability of the remaining provisions of this By-law. If any of the provisions contained in the By-laws are inconsistent with those contained in the articles or the Act, the provisions contained in the articles or the Act, as the case may be, shall prevail.

1.5 Consultation with Professional Staff

Where the Board or Medical Advisory Committee is required to consult with the Professional Staff under this By-law, it shall be sufficient for the Board or Medical Advisory Committee to receive and consider the input of the Medical Staff officers named in Article 11.1(b).

ARTICLE 2 – RULES AND POLICIES

2.1 Rules and Policies

(i) The Board, after considering the recommendation of the Medical Advisory Committee and consulting with the Professional Staff, may make Rules as it deems necessary, including Rules for Patient care and safety and Rules for the conduct of members of the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff.

(ii) The Board, after considering the recommendation of the Medical Advisory Committee and consulting with the Professional Staff, may adopt Policies applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff that are consistent with, and that support the implementation of, the Rules.

(iii) The Medical Advisory Committee, after consulting with the Professional Staff, may make Policies applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff that are consistent with this By-law, the Rules, and the Board-approved Policies.

ARTICLE 3 – APPOINTMENT AND REAPPOINTMENT TO THE PROFESSIONAL

3.1 Appointment and Revocation

(i) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Medical Staff, and may appoint a Dental Staff, Midwifery Staff, and the non-employed members of the Extended Class Nursing Staff, and shall grant such privileges as it deems appropriate to each Professional Staff member so appointed.

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

(iii) The Board may, at any time, make, or revoke any appointment to the Professional Staff, refuse to reappoint a Professional Staff member, or restrict or suspend the privileges of any Professional Staff member, in accordance with the provisions of this By-law and the *Public Hospitals Act*.

3.2 Term of Appointment

(i) Subject to section 3.2(ii), each appointment to the Professional Staff shall be for a term of up to one year.

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

a) unless section 3.2(ii)(b) applies, until the Board grants or does not grant the reappointment; or

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

3.3 Qualifications and Criteria for Appointment

(i) Only an applicant who meets the qualifications and satisfies the criteria set out in this By-law and who is licensed pursuant to the laws of Ontario is eligible to be a member of, and appointed to, the Professional Staff

(ii) The applicant shall have:

a) a certificate of registration, and a certificate of professional conduct or letter of good standing from the relevant College, or the equivalent certificate(s), from their most recent licensing body;

b) current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice;

c) adequate training and experience for the privileges requested;

d) maintained the level of continuing professional education required by the relevant College;

e) up-to-date inoculations, screenings, and tests as may be required by the occupational health and safety policies and practices of the Corporation, the Public Hospitals Act, or other legislation;

f) a demonstrated ability to:

1. provide patient care at an appropriate level of quality and efficiency;

2. meet an appropriate standard of ethical conduct and behaviour;

3. work and communicate with, and relate to, others in a co-operative, collegial, and professional manner;

4. communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;

5. effectively utilize hospital resources;

g) demonstrated adequate control of any significant physical or behavioural impairment affecting skill, attitude, or judgment that might impact negatively on patient care or the operations of the Corporation; and

h) a willingness to participate in the discharge of staff, committee, and, if applicable, teaching responsibilities, and other duties appropriate to staff category.

(iii) All applicants must agree to govern themselves in accordance with the requirements set out in this By-law, the Corporation's mission, vision, and values, Rules, and Policies.

(iv) All new appointments shall be contingent upon an Impact Analysis demonstrating that the Corporation has the resources to accommodate the applicant and that the applicant meets the needs of the relevant Site and/or Department as described in the relevant Professional Staff Human Resources Plan.

(v) In addition to any other provisions of the By-law, including the qualifications set out in sections 3.3(ii), 3.3(iii), and 3.3(iv), the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:

a) the appointment is not consistent with the need for service, as determined by the Board;

b) the Impact Analysis and/or relevant Professional Staff Human Resources Plan does not demonstrate sufficient resources to accommodate the applicant; or

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

3.4 Application for Appointment

(i) The Chief Executive Officer shall supply a copy of, or information on how to access, a form of the application, and the mission, vision, values, and strategic plan of the Corporation, the By-law and the Rules and appropriate Policies, to each Dentist, Midwife, Registered Nurse in the Extended Class, or Physician, who expresses in writing an intention to apply for appointment to the Professional Staff.

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

(iii) An applicant may be required to visit the Corporation for an interview with appropriate Professional Staff members and the Chief Executive Officer

(iv) The Board shall approve the prescribed form of application for appointment, re-appointment, and change in privileges after receiving the recommendation of the Medical Advisory Committee.

3.5 Procedure for Processing Applications for Appointment

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

(ii) The Credentials Committee shall:

a) ensure that all the materials in the application have been reviewed and that all required information has been provided;

b) investigate the qualifications, experience, professional reputation, and competence of the applicant, and consider if the criteria required by this By-law are met;

c) receive the recommendation of the relevant Site Chiefs; and

d) submit a report of its assessment and recommendations to the Medical Advisory Committee at its next regular meeting, together with a recommendation that the application is acceptable, not acceptable, or is deferred for further investigation. In the case of a recommendation for acceptance, the Credentials Committee shall indicate the privileges that it recommends the applicant be granted.

(iii) The Medical Advisory Committee shall:

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

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

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

(iv) The Medical Advisory Committee may make its recommendation to the Board later than sixty (60) days after receipt of a completed application provided that, within the 60-day period, it advises the applicant and the Board in writing that a final recommendation cannot be made within the 60-day period and gives written reasons for it.

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

(vi) Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that they are entitled to:

a) written reasons for the recommendation, if the Medical Advisory Committee receives a written request for the reasons from the applicant within seven (7) days of the applicant's receipt of notice of the recommendation; and

b) a Board hearing the Board and the Medical Advisory Committee receive a written request for a Board hearing from the applicant within seven (7) days of the applicant's receipt of the written reasons referred to in section 3.5(vi)(a).

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

(viii) Where the applicant requests a Board hearing, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article 5.

(ix) The Board shall consider the Medical Advisory Committee recommendations within the timeframe specified by the *Public Hospitals Act*.

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

3.6 Temporary Appointment

(i) Notwithstanding any other provision of this By-law, the Chief Executive Officer, after consulting with the Chief of Staff, may:

a) grant a temporary appointment and temporary privileges to a Dentist, Midwife, Registered Nurse in the Extended Class, or Physician, provided that the appointment shall not extend beyond the date of the next Medical Advisory Committee meeting at which time the action taken shall be reported; and

b) continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee, until the next Board meeting.

(ii) A temporary appointment may be made for any reason, including:

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

b) to meet an urgent unexpected need for a medical, dental, midwifery, or extended class nursing service.

(iii) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted under section 3.6(a) for such period of time and on such terms as the Board determines.

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

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

3.7 Reappointment

(i) Each year, each Professional Staff member desiring reappointment to the Professional Staff shall make a written application for reappointment on the prescribed forms through the Chief Executive Officer to the Board before the date specified by the Medical Advisory Committee.

(ii) Each application for reappointment to the Professional Staff shall contain the following information:

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

b) either:

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

2. a description of all material changes to the information on file at the Corporation since the applicant's most recent application, including: an updated curriculum vitae with any additional professional qualifications acquired by the applicant since the previous application and information on any completed or pending disciplinary or malpractice proceedings, restriction in privileges, or suspensions during the past year;

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

d) if requested, a current certificate of professional conduct or equivalent from the relevant College;

e) confirmation that the member has complied with the disclosure duties set out in section 6.8(i)(d); and

f) such other information that the Board may require, respecting competence, capacity, and conduct, after considering the recommendation of the Medical Advisory Committee.

(iii) The relevant Site Chief shall review and make recommendations concerning each application for reappointment within that site to the Medical Advisory Committee in accordance with a Board-approved medical credentialing Policy.

(iv) 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.

(v) Applications for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 3.5 of this By-law.

3.8 Qualifications and Criteria for Reappointment

(i) To be eligible for reappointment, the applicant shall:

a) continue to meet the qualifications and criteria set out in section 3.3;

b) have conducted themselves in compliance with this By-law, and the Corporation's mission, vision, values, Rules, and Policies; and

c) have demonstrated appropriate use of Hospital resources in accordance with the Impact Analysis and/or relevant Professional Staff Human Resources Plan, Rules, and Policies.

3.9 Application for Change of Privileges

(i) Each Professional Staff member who wishes to change their privileges shall submit to the Chief Executive Officer an application on the prescribed form listing the change of privileges requested, and provide evidence of appropriate training and competence, and such other matters as the Board may require.

(ii) The Chief Executive Officer shall retain a copy of each application received and shall refer the original application forthwith to the Medical Advisory Committee, through the Chief of Staff, who shall then refer the original application forthwith to the chair of the Credentials Committee, with a copy to the relevant Site Chief.

(iii) The Credentials Committee shall investigate the applicant's professional competence, verify their qualifications for the privileges requested, receive the report of the Site Chief, and prepare and submit a report of its findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of privileges, if any, that it recommends that the applicant be granted.

(iv) The application shall be processed in accordance with the requirements of sections 3.8 and sections 3.5(iii)–(x) of this By-law.

3.10 Leave of Absence

(i) Upon request of a Professional Staff member to the relevant Site Chief, the Chief of Staff may grant a leave of absence of up to twelve (12) months, after receiving the recommendation of the Medical Advisory Committee:

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

b) in other circumstances acceptable to the Board, upon recommendation of the Chief of Staff.

(ii) After returning from a leave of absence granted in accordance with section 3.10(i), the Professional Staff member may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff. The Chief of Staff may impose such conditions on the privileges granted to the member as appropriate.

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

3.11 Resignation

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

ARTICLE 4 – MONITORING, SUSPENSION AND REVOCATION

4.1 Monitoring Practices and Transfer of Care

(i) The Chief of Staff or relevant Site Chief may review any aspect of Patient care or Professional Staff conduct in the Corporation without the consent of the Professional Staff member responsible for the care or conduct. Where the care or conduct involves an Extended Class Nursing Staff member, the Chief Nursing Executive may also review the care or conduct.

(ii) Where any Professional Staff member or Corporation staff reasonably believes that a Professional Staff member is incompetent, attempting to exceed their privileges, incapable of providing a service that they are about to undertake, or acting in a manner that exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation, to harm or injury, the individual shall immediately communicate that belief the Chief of Staff, relevant Site Chief, or Chief Executive Officer, so that appropriate action can be taken. Where the communication relates to Extended Class Nursing Staff member, it may also be communicated to the Chief Nursing Executive.

(iii) A Site Chief, on notice to the Chief of Staff, where they believe it to be in the Patient's best interests, shall have the authority to examine the condition and scrutinize the treatment of any Patient in their Hospital and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the Patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff, notice shall be given as soon as possible.

(iv) If the Chief of Staff or Site Chief becomes aware that, in their opinion a serious problem exists in the diagnosis, care, or treatment of a Patient, the officer shall immediately discuss the condition, diagnosis, care, and treatment of the Patient with the attending Professional Staff member. If changes in the diagnosis, care, or treatment satisfactory to the Chief of Staff or Site Chief are not made, they shall immediately assume the duty of investigating, diagnosing, prescribing for, and treating the Patient.

(v) Where the Chief of Staff or Site Chief has cause to take over the care of a Patient, the Chief Executive Officer, Chief of Staff, or Site Chief, and one other Medical Advisory Committee member, the attending Professional Staff member, and the Patient or the Patient's substitute decision maker shall be notified in within twenty-four (24) hours. The Chief of Staff or Site Chief shall file a written report with the Medical Advisory Committee within forty-eight (48) hours of their action.

(vi) Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff or Site Chief who has taken action under section 4.1(v) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

4.2 Revocation of Appointment or Restriction or Suspension of Privileges

(i) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke any appointment of a Professional Staff member, or restrict or suspend the privileges of a Professional Staff member.

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

(iii) The Chief Executive Officer shall prepare and forward a detailed written report to the relevant College as soon as possible and no later than 30 days after the event, where, by reason of incompetence, negligence, or misconduct, a Professional Staff member's:

a) application for appointment or reappointment is denied;

b) appointment is revoked;

c) privileges are restricted, or suspended; or

d) a Professional Staff member resigns from the Professional Staff during the course of an investigation into their competence, negligence, or misconduct.

4.3 Immediate Action

(i) The Chief Executive Officer, Chief of Staff, or Site Chief may temporarily restrict or suspend the privileges of any Professional Staff member, in circumstances where in their opinion the member's conduct, performance, or competence:

a) exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury; or

b) is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Corporation,

and immediate action must be taken to protect Patients, healthcare providers, employees, and any other individuals at the Corporation from harm or injury.

(ii) Before the Chief Executive Officer, Chief of Staff, or Site Chief takes action authorized in section 4.3(i), they shall first consult with one of the other of them. If prior consultation is not possible or practicable under the circumstances, the individual who takes the action shall immediately provide notice to the others. The individual who takes the action shall forthwith submit a written report on the action taken with all relevant materials and information to the Medical Advisory Committee.

4.4 Non-Immediate Action

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

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

b) exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury;

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

d) fails to comply with the Corporation's By-laws, Rules, or Policies, the *Public Hospitals Act*, or any other relevant law.

(ii) Before making a recommendation under section 4.4(i), an investigation may be conducted. Where an investigation is conducted, it may be assigned to an individual or committee within the Corporation other than the Medical Advisory Committee or an external consultant.

4.5 Referral to Medical Advisory Committee for Recommendations

(i) Following the temporary restriction or suspension of privileges under section 4.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a Professional Staff member under section 4.4, the following process shall be followed:

a) the Site Chief of the Site of which the individual is a member, or an appropriate alternate designated by the Chief of Staff or Chief Executive Officer, shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation made, as the case may be, with all relevant materials and information;

b) a date for consideration of the matter shall be set, not more than ten (10) business days from the time the written report is received by the Medical Advisory Committee;

c) as soon as possible and in any event, at least three (3) business days before the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:

1. the time, date, and place of the meeting;

2. the purpose of the meeting; and

3. a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.

(ii) The date for the Medical Advisory Committee to consider the matter under section 4.5(i)(b) may be extended by:

a) an additional five (5) business days in the case of a referral under section 4.3; or

b) any number of days in the case of a referral under section 4.4,

if the Medical Advisory Committee considers it necessary to do so.

(iii) The Medical Advisory Committee may:

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

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

(iv) If the Medical Advisory Committee recommends the continuation of the restriction or suspension of privileges or a revocation of appointment and/or makes further recommendations on the matters considered at its meeting, the Medical Advisory Committee shall, within forty-eight (48) hours of the Medical Advisory Committee meeting, provide the member with written notice of the Medical Advisory Committee's recommendation.

(v) The written notice shall inform the member that they are entitled to:

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

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

(vi) If the member requests written reasons for the recommendation under section 4.5(v), the Medical Advisory Committee shall provide the written reasons to the member as soon as practicable but in any event within seven (7) days of receipt of the request.

ARTICLE 5 – BOARD HEARING

5.1 Board Hearing

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

a) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment, or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or

b) the Medical Advisory Committee makes a recommendation to the Board that the privileges of a Professional Staff member be restricted or suspended, or an appointment be revoked, and the member requests a hearing.

(ii) The Board shall name a time, date, and place for the hearing.

(iii) The Board hearing shall be held:

a) in the case of immediate restriction or suspension of privileges, within seven (7) days of the date the member requests the hearing under section 5.1(i);

b) in the case of non-immediate restriction or suspension of privileges, subject to section 5.1(iv), as soon as practicable but not later than twenty-eight (28) days after the Board receives the written notice from the member requesting the hearing.

(iv) The Board may extend the time for the hearing date if it considers an extension appropriate.

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

(vi) The notice of the Board hearing shall include:

a) the time, date, and place of the hearing;

b) the purpose of the hearing;

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

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

e) a statement that the Board may extend the time for the hearing on the application of any party; and

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

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

(viii) The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, before the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence.

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

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

(xi) No member of the Board shall participate in a Board decision 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 Board decision shall be given unless all members so present participate in the decision.

(xii) The Board shall make a decision to follow, amend, or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant, including the considerations set out in sections 3.3, 3.8, and 3.9 respectively.

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

(xiv) 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 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 6 – PROFESSIONAL STAFF CATEGORIES AND DUTIES

6.1 Professional Staff Categories

(i) The Dental Staff, Midwifery, and Medical Staff shall be divided into the following categories:

a) Active;

b) Associate;

c) Locum Tenens;

d) Term;

e) Courtesy; and

f) such other categories as the Board may determine after considering the recommendations of the Medical Advisory Committee.

(ii) The Extended Class Nursing Staff may be divided into such categories as the Board may determine after considering the recommendation of the Medical Advisory Committee.

(iii) Appointments to these categories shall be in accordance with this By-law, the *Public Hospitals Act*, the relevant Professional Staff Human Resources Plan, the Corporation's *Credentialing – Medical Professionals Policy* and may be subject to completion of an Impact Analysis when appropriate.

6.2 Active Staff

(i) The Active Staff shall consist of those Dentists, Midwives, or Physicians whom the Board appoints to the Active Staff, and who have completed satisfactory service as Associate Staff for at least one (1) year, or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.

(ii) Each Active Staff member shall:

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

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

c) be responsible to the Site Chief to which they have been assigned for all aspects of Patient care;

d) act as a supervisor of another member of the Professional Staff when requested by the Chief of Staff or the Site Chief to which they have been assigned;

e) fulfil such on-call schedules and provide coverage for patients of the Hospital as reasonably required and in accordance with the kind and degree of privileges granted by the Board and be subject to the Rules and Policies of the site to which they are assigned; and

f) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Site Chief.

6.3 Associate Staff

(i) Dentists, Midwives, or Physicians who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff.

(ii) Each Associate Staff member shall:

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

b) work under the supervision of an Active Staff member named by the Chief of Staff or Site Chief to which they have been assigned;

c) undertake such duties in respect of Patients as may be specified by the Chief of Staff and, if appropriate, by the Site Chief to which they have been assigned;

d) fulfil such on call requirements as may be established for each site in accordance with the Rules and Policies; and

e) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Site Chief to which they have been assigned.

(iii) At six (6) month intervals, following the appointment of an Associate Staff member to the Professional Staff, a member of the Associate Staff shall be reviewed by the Site Chief to which they have been assigned, who shall complete a performance evaluation and submit a written report to the Chief of Staff on:

a) the knowledge and skill which has been shown by the Associate Staff member;

b) the nature and quality of their work in the Corporation;

c) their use of Hospital resources;

d) the ability to function in conjunction with the other members of the Hospital's staff; and

e) their performance and compliance with the criteria set out in section 3.3(ii).

(iv) The Chief of Staff shall forward such report to the Credentials Committee.

(v) Upon receipt of the report, the Credentials Committee shall review the appointment of the Associate Staff member and make a recommendation to the Medical Advisory Committee.

(vi) If any report is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend that their appointment be terminated.

(vii) In general, Associate Staff members shall be recommended for appointment to the Active Staff once they have been an Associate Staff member for at least one (1) year.

(viii) In no event shall an appointment to the Associate Staff be continued for more than two (2) years.

6.4 Locum Tenens Staff

(i) The Locum Tenens Staff shall consist of those Dentists, Midwives, and Physicians whom the Board appoints to the Locum Tenens Staff in order to meet specific clinical needs for a defined period of time in one or more of the following circumstances:

a) to be a planned replacement for a Dentist, Midwife, or Physician for a specified period of time; or

b) to provide episodic or limited clinical services.

(ii) The period of appointment shall be for a term of up to twelve (12) months and may be subject to renewal.

(iii) A Locum Tenens Staff member:

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

b) may be required to work under the supervision of an Active Staff member assigned by the Chief of Staff; and

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

6.5 Term Staff

(i) Term Staff shall consist of those Dentists, Midwives, and Physicians who have been granted admitting and/or specific procedural privileges, including access to specific resources of the Hospital as approved by the Board, having given consideration to the recommendation of the Medical Advisory Committee, in order to meet a specific clinical need for a defined period of time.

(ii) The specific clinical need(s) shall be identified by the Medical Advisory Committee in accordance with the Impact Analysis.

(iii) Appointments shall be for a period not to exceed one (1) year and such appointment does not imply or provide for any continuing or renewed Professional Staff appointment.

(iv) Term Staff:

a) may be granted admitting and specific procedural privileges as approved by the Board having given consideration to the recommendation of the Medical Advisory Committee;

b) may be required to work under the supervision of an Active Staff member;

c) may be required to undergo a probationary period as appropriate;

d) shall, if replacing another member of the Professional Staff, attend that Professional Staff member's Patients; and

e) shall undertake such duties in respect of those Patients classed as emergency cases and of out-patient clinics as may be specified by the Chief of Staff or Site Chief to which they have been assigned;

(v) Subject to determination by the Board in each individual case, Term Staff shall not:

a) be eligible for re-appointment, but upon application may be re-appointed for a further period of Term Staff; or

b) attend or vote at Medical Staff meetings or be an officer of the Medical Staff.

6.6 Courtesy Staff

(i) The Courtesy Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Courtesy Staff in one or more of the following circumstances:

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

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

(ii) Courtesy Staff members shall:

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

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

c) be responsible to the relevant Site Chief to which they have been assigned for all aspects of Patient care.

6.7 Extended Class Nursing Staff

(i) The Board, after considering the advice of the Medical Advisory Committee, will delineate the privileges for each Extended Class Nursing Staff member who is not an employee of the Corporation.

(ii) Each new applicant for appointment to the Extended Class Nursing Staff shall be appointed for an initial probationary period of one (1) year.

(iii) Before completion of the one-year probationary period, the Chief of Department, in consultation with the Chief Nursing Executive, shall complete a performance evaluation for an Extended Class Nursing Staff member on the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of their work, their

performance and compliance with the criterial set out in section 3.3(ii), and such report shall be forwarded to the Credentials Committee.

(iv) The Credentials Committee shall review the report and shall make a recommendation to the Medical Advisory Committee, which shall, in turn, make a recommendation to the Board.

6.8 Duties of Professional Staff

(i) Each Professional Staff member:

a) is accountable to and shall recognize the authority of the Board through and with the Chief of Staff, Site Chiefs, and Chief Executive Officer;

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

1. the Chief of Staff and the Medical Advisory Committee;

2. the Site Chiefs; and

3. the Chief Executive Officer;

c) shall perform the duties, undertake the responsibilities, and comply with the provisions set out in this By-law and the Rules and Policies;

d) shall immediately advise the Chief of Staff and Chief Executive Officer of:

1. the commencement of any College investigation or proceeding that would be required to be disclosed by this By-law, the *Credentialing – Medical Professionals Policy*, and/or reapplication process;

2. any change in the member's license to practice made by the relevant College or any change in professional practice liability coverage; and

e) perform such other duties as may be prescribed from time to time by, or under the authority of, the Board, the Medical Advisory Committee, the Chief of Staff, or Site Chief to which they have been assigned.

(ii) If the Chief of Staff and/or a Site Chief request(s) a meeting with a Professional Staff member for the purpose of interviewing that Professional Staff member about any matter, the Professional Staff member shall attend the interview at a mutually agreeable time but within fourteen (14) days of the request. If the Professional Staff member so requests, they may bring a representative with them to the meeting. The Chief of Staff and/or Site Chief may extend the date for attendance at the interview at their discretion. If requested by the Chief of Staff and/or Site Chief, the Professional Staff member attending the meeting shall produce any documents requested by the Chief of Staff and/or Site Chief for discussion at the meeting. If a criminal record check and/or vulnerable sector check is requested, the

request shall be made at a meeting with the Professional Staff member where the Chief of Staff and Chief Executive Officer are both present.

ARTICLE 7 – DEPARTMENTS

7.1 Departments

(i) The Board may organize the Professional Staff into Departments after considering the recommendation of the Medical Advisory Committee.

(ii) If the Board organizes the Professional Staff into Departments in accordance with section 7.1(i), the Board shall appoint each Professional Staff member to a minimum of one (1) of the Departments. Appointment may extend to one (1) or more additional Departments.

7.2 Change to Departments

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

7.3 Department Meetings

(i) Each Department shall function in accordance with the Rules and Policies.

(ii) Department meetings shall be held in accordance with the Rules and Policies.

ARTICLE 8 – LEADERSHIP POSITIONS

8.1 General

(i) The Board may appoint an individual on an acting or interim basis where there is a vacancy in any office referred to in this Article or while the individual holding any such office is absent or unable to act.

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

(iii) An individual serving in any position referred to in this Article serves at the will of the Board. The Board may revoke any appointment to any position referred to in this Article at any time.

8.2 Chief of Staff

(i) The Board shall appoint a Chief of Staff after considering the recommendation of the Medical Advisory Committee.

(ii) The Chief of Staff shall:

a) be an *ex officio* Director and as a Director, fulfill fiduciary duties to the Corporation;

b) be the *ex officio* Chair of the Medical Advisory Committee;

c) be an *ex officio* member of all Medical Advisory Committee sub-committees;

d) report regularly to the Board on the work and recommendations of the Medical Advisory Committee; and

e) perform such additional duties as may be outlined in the Board-approved Chief of Staff- Roles*, Responsibilities, and Selection* Policy, or as assigned by the Board.

(iii) The Chief of Staff shall, in consultation with the Chief Executive Officer, designate an alternate to act during their absence.

8.3 Site Chief

(i) The Board shall appoint a Site Chief for each Site after considering the recommendation of the Medical Advisory Committee.

(ii) A Site Chief shall:

a) be an *ex-officio* member of the Medical Advisory Committee;

b) make recommendations to the Medical Advisory Committee on appointment, reappointment, change in privileges, and any disciplinary action to which Site members should be subject;

c) advise the Medical Advisory Committee through and with the Chief of Staff, on the quality of care and treatment provided to the Patients of the Site;

d) review and make recommendations regarding the performance evaluations of Professional Staff members of the Site annually as part of the reappointment process and these recommendations shall be forwarded to the Medical Advisory Committee;

e) hold regular Site meetings;

f) delegate responsibility to appropriate Site members;

g) report to the Medical Advisory Committee, and to the Site on activities of the Site including utilization of resources and quality management, and

h) Perform such additional duties as may be outlined in the Board-approved Site Chief Position Description Policy, or as set out in the Rules, or as assigned by the Board, Chief of Staff, Medical Advisory Committee, or Chief Executive Officer.

(iii) The Board may at any time revoke or suspend the appointment of a Site Chief.

(iv) The Site Chief shall, in consultation with the Chief of Staff, designate an alternate to act during their absence.

ARTICLE 9 – MEDICAL ADVISORY COMMITTEE

9.1 Composition

(i) The Medical Advisory Committee shall consist of the following members, each of whom shall have one vote:

a) the Chief of Staff, who shall be the chair of the Medical Advisory Committee;

b) all the Site Chiefs;

c) the president, vice president, and secretary of the Medical Staff; and

d) such other members of the Medical Staff as are elected or be appointed by the Board in accordance with the By-law.

(ii) In addition, the following shall be entitled to attend Medical Advisory Committee meetings without a vote:

a) the Chief Executive Officer;

b) the Chief Nursing Executive; and

c) other resource people who may be invited to attend at the discretion of the Chief of Staff.

(iii) In the absence of the Chief of Staff, the members of the Medical Advisory Committee shall elect from amongst themselves a member to serve as chair of a meeting of the Medical Advisory Committee.

9.2 Recommendations

The Medical Advisory Committee shall consider and make recommendations and report to the Board, in accordance with the *Public Hospitals Act*.

9.3 Duties and Responsibilities

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

(i) make recommendations to the Board on the following matters:

a) every application for appointment or reappointment to the Professional Staff, and any request for a change in privileges;

b) the privileges to be granted to each Professional Staff member;

c) this By-Law and the Rules and Policies;

d) the dismissal, suspension, or restrictions of privileges of any Professional Staff member; and

e) the quality of care provided in the Hospital by the Professional Staff.

(ii) provide supervision through the Site Chiefs over the practice and behaviours of the Professional Staff as appropriate.

(iii) appoint the Medical Staff members of all Medical Advisory Committee subcommittees;

(iv) receive, consider, and act upon reports from each of its appointed subcommittees;

(v) advise the Board on any matters that it refers to the Medical Advisory Committee;

(vi) shall appoint one or more members of the Medical Staff to advise the joint health and safety committee established under the *Occupational Health and Safety Act* where the committee is requested to do so by the joint health and safety committee; and

(vii) where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under section 2(a)(v) of the Hospital Management Regulation under the *Public Hospitals Act*, make recommendations about those issues to the Hospital's quality committee established under the *Excellent Care for All Act*.

9.4 Subcommittees

(i) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special subcommittees of the Medical Advisory Committee as may be necessary or advisable for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or this By-law.

(ii) The terms of reference and composition for any standing or special subcommittees of the Medical Advisory Committee may be set out in the Rules or in a Board resolution, on the recommendation of the Medical Advisory Committee. The Medical Advisory Committee shall appoint the Medical Staff members of any Medical Advisory Committee subcommittee and the Board may appoint other subcommittee members.

(iii) The Credentials Committee, which is a standing subcommittee of the Medical Advisory Committee, shall make recommendations to the Board in regard to appointment, reappointment, and requests for changes in privileges of the Medical Staff.

9.5 Quorum

A quorum for any Medical Advisory Committee meeting or subcommittee meeting shall be a majority of the members entitled to vote.

9.6 Meetings

(i) The Medical Advisory Committee shall hold at least ten (10) meetings each fiscal year.

(ii) Unless otherwise required by applicable law, questions arising at any Medical Advisory Committee meeting or subcommittee meeting shall be decided by consensus of the voting members present. Consensus will be considered to have been reached when no voting member objects to the question before the meeting. If the chair of the meeting determines that the sense of the meeting is that consensus will not be reached, then the question shall be decided by a majority of the votes cast. In such cases, the chair of the meeting shall be entitled to cast a second, or tie-breaking, vote in the event of a tie. A member may attend and vote by electronic means.

(iii) A Medical Advisory Committee or subcommittee meeting may be held by telephonic or electronic means. Where a meeting is held by telephonic or electronic means, a vote may be taken by show of hands, voice vote, or other electronic means of voting.

ARTICLE 10 – MEDICAL STAFF MEETINGS

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

(i) At least four (4) regular meetings of the Medical Staff at each Site shall be held in each fiscal year of the Hospital, one (1) of which shall be the annual meeting, at a time and place fixed by the Medical Staff officers.

(ii) The president of the Medical Staff may call a Special meeting or on the written request of any three (3) Active Staff members or Associate Staff members of the Medical Staff entitled to vote.

(iii) The secretary of the Medical Staff shall give written notice of each Medical Staff meeting (including the annual meeting or any special meeting) to the Medical Staff at least fourteen (14) days before the meeting by posting a notice of the meeting in a conspicuous place in the Hospital or by emailing or sending it through an internal mail distribution system to each Medical Staff member. Notice of a special meeting shall state the nature of the business for which the meeting is called.

(iv) The period of time required for giving notice of any special meeting may be waived in exceptional circumstances by a majority of those Medical Staff members present and entitled to vote at the special meeting, as the first item of business of the meeting.

(v) The Medical Staff officers may determine that any meeting may be held by telephonic or electronic means. Where a Medical Staff meeting is held by telephonic or electronic means, the word “present” in section 10.2 shall mean present physically or by telephonic or electronic means, and a vote may be taken by show of hands, voice vote, or other electronic means of voting.

10.2 Quorum

Twenty (20) Medical Staff members both entitled to vote and present shall constitute a quorum at any Medical Staff meeting.

10.3 Rules of Order

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

10.4 Medical Staff Meetings

Medical Staff meetings held in accordance with this Article shall be deemed to meet the requirement to hold Medical Staff meetings under the *Public Hospitals Act*.

ARTICLE 11 – OFFICERS OF THE MEDICAL STAFF

11.1 Medical Staff Officers

(i) The provisions of this Article and the Board-approved *Medical Staff Officers Responsibilities* Policy shall be deemed to satisfy the requirements of the *Public Hospitals Act* for Medical Staff officers.

(ii) The Medical Staff officers shall be the president, vice president, and secretary of the Medical Advisory Committee and such other officers as the Medical Staff may determine.

(iii) The Medical Staff officers shall be elected at the annual meeting of the Medical Staff for a term of one (1) year by a majority vote of the Medical Staff members present and voting at the meeting. Their term of office in each position shall not exceed one (1) year but they shall remain in office until their successors are elected.

(iv) The Medical Staff officers may be removed from office before the expiry of their term by a majority vote of the Medical Staff members present and voting at a Medical Staff meeting called for that purpose.

(v) If the office of any Medical Staff becomes vacant and it is deemed expedient to fill the office before the next annual meeting of the Medical Staff, the vacancy may be filled by majority vote of the members of the Medical Staff present and voting at a regular or special meeting of the Medical Staff called for that purpose. The Medical Staff member so elected to office shall fill the office until the next annual meeting of the Medical Staff.

(vi) A Site Chief may serve as vice president of the Medical Staff.

(vii) The president of Medical Staff may serve as secretary of the Medical Staff if a secretary has not been elected.

(viii) Only Active Staff members of the Medical Staff may hold any Medical Staff office.

11.2 Attendance, Voting, and Holding Office

(i) All Medical Staff members are entitled to attend Medical Staff meetings.

(ii) Only Active Staff and Associate Staff members are entitled to vote at Medical Staff meetings.

(iii) Only Physicians who are Active Staff members may hold any Medical Staff office.

11.3 Election Procedure

(i) At least thirty (30) days before the annual meeting of the Medical Staff, the president of the Medical Staff shall communicate with the members of the Medical Staff to request nominations for the offices of the Medical Staff which are to be filled by election in accordance with this By-law and the *Public Hospitals Act*.

(ii) At least twenty-one (21) days before the annual meeting of the Medical Staff, the president of the Medical Staff shall circulate or post in a conspicuous place at each Site of the Hospital a list of the names of those who are nominated to stand for the offices of the Medical Staff that are to be filled by election in accordance with the *Public Hospitals Act* and this By-law.

(iii) Any further nominations shall be made in writing to the president of the Medical Staff up to seven (7) days before the annual meeting of the Medical Staff.

11.4 Duties of the President of the Medical Staff

The president of the Medical Staff shall:

(i) be an *ex-officio* non-voting Director, and as a Director, fulfil fiduciary duties to the Corporation by making decisions in the best interest of the Corporation;

(ii) be an *ex officio* member of the Medical Advisory Committee;

(iii) support and promote the values and strategic plan of the Corporation;

(iv) report to the Medical Advisory Committee and the Board on any significant issues raised by the Medical Staff;

(v) be accountable to the Medical Staff and advocate fair process in the treatment of individual members of the Medical Staff;

(vi) request nominations for the offices of the Medical Staff;

(vii) preside at the any meeting of the Medical Staff; and

(viii) be a member of such other committees as may be deemed appropriate by the Board.

11.5 Duties of the Vice President of the Medical Staff

The Vice-President of the Medical Staff shall,

(i) in the absence or disability of the president of the Medical Staff, act in place of the president and perform their duties and possess their powers as set out in section 11.4 (other than as set out in section 11.4(i));

(ii) be an *ex officio* member of the Medical Advisory Committee;

(iii) perform such duties as the president of the Medical Staff may delegate.

11.6 Duties of the Secretary of the Medical Staff

The secretary of the Medical Staff shall:

(i) attend to the correspondence of the Medical Staff;

(ii) ensure that notice is given and minutes are kept of all Medical Staff meetings;

(iii) maintain the funds and financial records of the Medical Staff and provide a financial report at the annual meeting of the Medical Staff;

(iv) disburse funds at the direction of the Medical Staff, as determined by a majority vote of the Medical Staff members present and voting at a Medical Staff meeting;

(v) be an *ex officio* member of the Medical Advisory Committee; and

(vi) in the absence or disability of the vice president of the Medical Staff, perform the duties and possess the powers of the vice president as set out in section 11.5.

11.7 Duties of other officers

The duties of any other officers of the Medical Staff shall be determined by the Medical Staff.

ARTICLE 12 – AMENDMENTS

12.1 Amendment

Prior to submitting any amendment(s) to this By-law to the Corporation's by-law approval processes:

(i) the Corporation shall provide notice specifying the proposed amendment(s) to the Professional Staff;

(ii) the Professional Staff shall be afforded an opportunity to comment on the proposed amendment(s); and

(iii) the Medical Advisory Committee may make recommendations to the Board on the proposed amendment(s).

12.2 Repeal and Restatement

This By-law repeals the By-law of the Corporation, being the corporate and professional staff by-laws of the Corporation previously enacted the third day of July 2019, and restates the By-law as the Professional Staff By-law.

CERTIFICATE OF ENACTMENT

THIS IS TO CERTIFY

1. That the appended copy of the Professional Staff By-law of the South Bruce Grey Health Centre is a true and complete copy of the By-law as passed by the Board of the Hospital at a properly constituted meeting of the Board held on the 8th day of May, 2024.

2. That the appended Professional Staff By-law was passed by the Board after consideration was given to the recommendations of the Professional Staff.

3. That the By-law was confirmed at a properly constituted meeting of the general membership of the South Bruce Grey Health Centre duly called for that purpose held on the 26th day of June, 2024.

Signed and Sealed, at the Municipality of Brockton

This 2nd day of August, 2024

Dean Dunn

Chair, Board of Directors

Nancy Shaw

President and Chief Executive Officer