

WOMEN'S COLLEGE HOSPITAL  
MEDICAL STAFF BY-LAWS  
2020

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**BE IT RESOLVED that these Medical Staff By-laws of Women’s College Hospital are hereby enacted.**

ARTICLE 1. **INTERPRETATION**

**1.01 Definitions**

In these By-laws,

- (a) “Active Staff” mean physicians appointed to the active staff group of the Medical Staff described in Article 7.02.
- (b) “Affiliation Agreement” means the agreement between the University and the Hospital pertaining to the status of the Hospital as a teaching hospital of the University.
- (c) “Board” means the Board of the Hospital.
- (d) “By-laws” means these Hospital by-laws entitled *Women’s College Hospital Medical Staff By-laws*.
- (e) “Chief Executive Officer” means the President and Chief Executive Officer (CEO) of the Hospital.
- (f) “Chief of Department” means the chief of a Department as described in Article 15.
- (g) “Clinical Associate Staff” means physicians appointed to the clinical associate staff group of the Medical Staff described in Article 7.08.
- (h) “Consultant Staff” means physicians appointed to the consultant staff group of the Medical Staff described in Article 7.07.
- (i) “Courtesy Staff” means physicians appointed to the courtesy staff group of the Medical Staff in Article 7.06.
- (j) “Credentials Committee” means the committee described in Article 12 and established by the Medical Advisory Committee to review applications for appointment and re-appointment to the Medical Staff and to make recommendations to the Medical Advisory Committee; provided that if no such committee is established, it shall mean the Medical Advisory Committee.
- (k) “Department” means a major area of clinical practice identified in Article 14.01.
- (l) “Division” means a unit of a Department of the Medical Staff as described in Article 16.
- (m) “Head” means the head of a Division as described in Article 16.02.

- (n) "Hospital" means Women's College Hospital.
- (o) "Hospital Management Regulation" means Ontario Regulation 965 under the Public Hospitals Act.
- (p) "Impact Analysis" means the process by which the impact of all appointments to the Medical Staff on the Hospital's resources is assessed.
- (q) "Medical Staff" means medical practitioners who are granted privileges by the Board.
- (r) "Medical Staff Committee" means a committee of the Medical Staff under the direction of the Medical Advisory Committee.
- (s) "Memorandum of Agreement" means an agreement between the applicant for the Medical Staff and the Chief of the relevant Department and/or the University department chair and Chief Executive Officer on behalf of the Hospital, for new appointments and re-appointments to the Medical Staff and that stipulates the expectations and the obligations agreed to by the applicant and the Hospital.
- (t) "Mid-Term" means during the period of appointment.
- (u) "Public Hospitals Act" means the *Public Hospitals Act* (Revised Statutes of Ontario, 1990, Chapter P.40) and the regulations promulgated thereunder.
- (v) "Statutory Powers Procedure Act" means the *Statutory Powers Procedure Act* (Revised Statutes of Ontario, 1990, Chapter S.22) and the regulations promulgated thereunder.
- (w) "University" means University of Toronto.
- (x) "Chief Medical Executive" means the Chief Medical Executive as described in Article 13.

## **1.02 Delegation**

- (a) Where these By-laws provide that an action may be taken by the Chief Executive Officer, such action may from time to time be taken by a delegate of the Chief Executive Officer.
- (b) Where these By-laws provide that an action may be taken by the Chair, Medical Advisory Committee, such action may from time to time be taken by a delegate of the Chair, Medical Advisory Committee.
- (c) Where these By-laws provide that an action may be taken by the Chief of the Department, such action may from time to time be taken by a delegate of the Chief of the Department.

ARTICLE 2. **PURPOSE OF THE MEDICAL STAFF ORGANIZATION**

**2.01 Purpose**

The purposes of the Medical Staff organization, in addition to fulfilling the responsibilities established by the laws of Ontario and these By-laws, are

- (a) to provide a structure whereby the members of the Medical Staff participate in the Hospital's planning, policy setting, and decision making; and
- (b) to serve as a quality assurance system for medical care rendered to patients by the Medical Staff.

ARTICLE 3. **APPOINTMENT**

**3.01 Appointment**

On an annual basis the Board shall appoint a Medical Staff for the Hospital.

**3.02 Application Process**

- (a) An application for appointment to the Medical Staff shall be processed in accordance with the provisions of the Public Hospitals Act, other applicable legislation and these By-laws.
- (b) On request, the Chief Executive Officer shall supply access to the prescribed application form and a copy of these By-laws, to each physician who expresses in writing the intention to apply for appointment to the Medical Staff.
- (c) An applicant for appointment to the Medical Staff shall submit a completed application to the Chief Executive Officer. Only a complete application will be considered.
- (d) The Chief Executive Officer shall retain a copy of the completed application and shall refer a copy immediately to the Medical Advisory Committee through its Chair who shall keep a record of each application received and then refer the original application forthwith to the chair of the Credentials Committee.
- (e) The Credentials Committee shall investigate each application submitted to it to ensure the applicant meets the criteria set for appointment to the Medical Staff as set out in Article 3.03 and shall make a written report to the Medical Advisory Committee at its next regular meeting.
- (f) The Chief of the relevant Department shall forward to the chair of the Credentials Committee a written statement indicating recommendations, including the rank and Medical Staff group proposed for the applicant and, where required, a summary of the essential terms of the Memorandum of Agreement including the expectations of the appointee.

- (g) Each application and the report of the Credentials Committee shall be considered by the Medical Advisory Committee which shall make a recommendation thereon in writing to the Board and the applicant.
- (h) The Hospital and the Medical Advisory Committee shall deal with the application in accordance with the Public Hospitals Act and the procedure set out in this Article 3.

### **3.03 Criteria for Appointment to the Medical Staff**

- (a) Only an applicant qualified to practice medicine and who holds a current, valid certificate of Registration with the College of Physicians and Surgeons of Ontario is eligible to be a member of and appointed to the Medical Staff of the Hospital.
- (b) The applicant shall have
  - (i) a current certificate of registration with the College of Physicians and Surgeons of Ontario;
  - (ii) a current certificate of professional conduct from the College of Physicians and Surgeons of Ontario and a signed consent authorizing any medical licensing authority to release information from the Registrar, including providing a report on:
    - a) any action taken by or any matters pending before a disciplinary or fitness to practice committee; and
    - b) whether the applicant's privileges have been curtailed or cancelled by any medical licensing authority or by another hospital because of incompetence, negligence or any act of professional misconduct;
  - (iii) demonstrated that they have attained the status of a Fellow of the Royal College of Physicians and Surgeons or Certificant of the College of Family Physicians of Canada or a Fellow/Certificant of such other accrediting body as may be approved by the Board on the advice of the Medical Advisory Committee;
  - (iv) demonstrated that they are a Fellow of the Royal College of Physicians and Surgeons (or equivalent) or are participating in an accepted Maintenance of Certification Program;
  - (v) demonstrated that they have a current appointment in the University's Faculty of Medicine if applying to the Active Staff;
  - (vi) a demonstrated ability to provide patient care at an appropriate level of quality and efficiency;
  - (vii) a demonstrated ability to communicate well, work with and relate to all members of the Medical Staff and Hospital staff and leadership in a co-operative, collegial and professional manner;

- (viii) a demonstrated ability to communicate and relate appropriately with patients and patients' relatives and substitute decision-makers;
- (ix) a willingness to participate in the discharge of staff, committee, and, if applicable, teaching responsibilities and other obligations appropriate to Medical Staff membership group;
- (x) a demonstrated ability to meet an appropriate standard of ethical conduct and behaviour;
- (xi) a demonstrated ability to maintain an appropriate level of continuing medical education;
- (xii) adequate training and experience for the privileges requested;
- (xiii) current membership in the Canadian Medical Protective Association or other medical practice protection coverage appropriate to the scope and nature of the intended practice;
- (xiv) a demonstrated ability to adequately control any significant physical or behavioural impairment that affects skill, attitude or judgment; and
- (xv) a report on, among other things, the adequate experience, competence and reputation as demonstrated by
  - a. a report, as requested by the Chair, Medical Advisory Committee or Chief Medical Executive from the chief of the department, or other such persons as is appropriate to contact, in the hospitals or clinical settings in which the applicant trained or held an appointment; and
  - b. in the case of a certified specialist, a report from the chief of the department in which training was completed or a report from the chief of the department in which he or she last practiced.
- (xvi) a current Criminal Record & Judicial Matters Check (CR&JMC), in addition to information related to any previous criminal charges against the applicant that may otherwise not be reflected in the CR&JMC. A positive CR&JMC record will be dealt with in accordance with Schedule "A".
- (xvii) a statement and undertaking by the applicant that she or he has read and will be bound by the Public Hospitals Act, the By-laws, the Rules and Policies of the Hospital, any other applicable legislation, and the relevant provisions of the Affiliation Agreement with the University of Toronto (where applicable) and will deliver services in accordance with same, as well as any contractual obligations the applicant has with the Hospital;
- (xviii) the privileges which are requested;
- (xix) an up-to-date curriculum vitae;

- (xx) at least three letters of reference;
  - (xxi) information on any past or pending disciplinary proceeding(s) involving the member before the College of Physicians and Surgeons of Ontario;
  - (xxii) if applying to a category of Medical Staff requiring a University appointment, the academic appointment must have been granted by the Faculty of Medicine of the University, which appointment may remain probationary for three to five years;
  - (xxiii) information on any past or pending civil suit where there was a finding of negligence or battery or in which a payment was made by way of settlement on behalf of the applicant;
  - (xxiv) a signed consent authorizing the release of information by the President and CEO or Chief of Department or equivalent of any hospital where the applicant is presently and/or previously held an appointment to staff;
  - (xxv) other releases as deemed necessary by the Credentials Committee, Medical Advisory Committee or Board allowing the Hospital access to any information on the Applicant that may affect their ability to practice (for example, prior training, health status, previous malpractice suits or past hospital appointments);
  - (xxvi) an agreement to maintain membership in the Medical Staff Association; and
  - (xxvii) an agreement to maintain membership in an applicable departmental or divisional practice plan recognized by the Hospital, as applicable.
- (c) The applicant agrees to govern himself or herself in accordance with the requirements set out in these By-laws, Hospital policies and the ethical standards of the profession.
- (d) There is a Hospital and community need for the applicant's services and an ability and sufficient resources of the Hospital to accommodate the applicant consistent with Medical Staff human resources needs, the Hospital's strategic plan, and an Impact Analysis conducted by the Hospital leadership.

### **3.04 Term**

Each appointment to the Medical Staff shall be for one (1) year or a shorter term as specified by the Board and if the member has applied for re-appointment, the appointment shall continue in effect as specified in Article 4.03.

ARTICLE 4. **RE-APPOINTMENT**

**4.01 Application for Re-appointment and Performance Review**

- (a) Upon recommendation by the Medical Advisory Committee, the Board shall establish and approve a process for the annual performance review of each member of the Medical Staff.
- (b) Each year each member of the Medical Staff shall make an application for re-appointment to a group of the Medical Staff of the Hospital in the prescribed on-line form.
- (c) Where a member of the Medical Staff has applied for re-appointment, the Chief of the Department shall conduct a review of the applicant's performance for the past year in accordance with the approved process once established under Article 4.01(a), and shall make a written report to the Medical Advisory Committee in respect of the applicant's performance for the past year.
- (d) The application for re-appointment to a group of the Medical Staff of the Hospital shall be processed in the same manner as set out in Article 3.

**4.02 Criteria for Re-appointment**

In order to be eligible for re-appointment, the applicant shall

- (a) continue to meet the criteria set out in Article 3.03; and
- (b) have demonstrated an appropriate use of Hospital resources.

**4.03 Continuance**

Where a member has applied under Article 4.01 for re-appointment, his or her appointment shall be deemed to continue

- (a) until the re-appointment is granted, or
- (b) where he or she is served with notice that the Board refuses to grant the re-appointment, until the time for giving notice requiring a hearing by the Health Professions Appeal and Review Board has expired and, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

ARTICLE 5. **TEMPORARY APPOINTMENT**

**5.01 Temporary Appointment**

- (a) Notwithstanding any other provision of these By-laws, the Chief Medical Executive or Chair, Medical Advisory Committee may
  - (i) grant a temporary appointment and temporary privileges to a physician provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported; and

- (ii) continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee, until the next meeting of the Board.
- (b) A temporary appointment of a physician may be made for any reasons including
  - (i) to meet a specific singular requirement by providing a consultation or clinical procedure; or
  - (ii) to meet an urgent unexpected need for a medical service.
- (c) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted pursuant to this Article 5 for such period of time and on such terms as the Board determines.
- (d) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board regardless.
- (e) The temporary appointment shall specify the Medical Staff group and any limitations, restrictions or special requirements.
- (f) Based on an assessment of urgency and risk, the Chief Medical Executive or Chair, Medical Advisory Committee may waive or defer some of the requirements under Article 3 or Article 4 in the case of a temporary appointment.

## ARTICLE 6. **PRIVILEGES**

### **6.01 Privileges**

- (a) Subject to and consistent with Medical Staff human resources needs and the Hospital's strategic plan, when physicians are appointed to the Medical Staff, they are normally granted privileges allowing them to perform all those procedures generally within the competence of a trained and certified specialist in their particular specialty.
- (b) Privileges for very specialized procedures, or for new procedures not generally deemed to be within the competence of such a specialist, will be limited to those physicians with extra training.
- (c) Notwithstanding the extent of privileges granted, the size and scale of activity will be limited by the availability of resources as determined by the Board.

### **6.02 Monitoring Privileges**

- (a) Members of the Medical Staff shall be assigned to a Department and may attend, investigate, and treat patients in the Hospital within the limits of the privileges granted to them by the Board. Notwithstanding the above, each member of the Medical Staff may only perform such clinical acts, operations,

and procedures for which the member knows herself or himself to be adequately trained and for which the member remains competent.

- (b) Each member of the Medical Staff has an obligation to remain competent in every area for which the member has privileges and to discuss the member's level of competence with the Chief of the Department as part of the member's annual review.
- (c) In exercising responsibility for the quality of medical care in the Department, in addition to exercising the duties of the Chief of Department as set out in Article 15.04, each Chief of Department shall
  - (i) recommend only those applications for privileges, in accordance with Articles 3, 4 and 6 and which are believed to be within the competence of the applicant and recommend specific exclusions if there is a reason to do so; and
  - (ii) when the Chief of the Department believes it necessary or desirable in the best interests of patient care, to examine, or cause to be examined, and reported to him or her, the professional competence of any member of the Department; such review may include any or all aspects of the care of any patient, and the use of simulated patients and other clinical simulation models.

### **6.03 Requests Regarding Privileges**

- (a) Each applicant for appointment to the Medical Staff who desires to perform any procedure within the Hospital and any member of the Medical Staff who wishes to change privileges, or use technology and procedures new to the Hospital, shall submit to the Chief of the Department and the Chief Executive Officer a statement of the privileges that are desired and provide evidence of appropriate training and competence.
- (b) Where a member of the Medical Staff wishes to change his or her privileges, the physician member shall make a written request listing the change of privileges which is requested and shall submit evidence of appropriate training and competence in respect of the privileges being requested.
- (c) An application for a change in privileges made by a member of the Medical Staff shall be processed in the same manner as set out in Article 3.02.
- (d) If a member of the Medical Staff wishes to relinquish his or her privileges, he or she shall endeavour to take efforts to provide not less than ninety (90) days' notice to the Chief of the Department.

## **ARTICLE 7. MEDICAL STAFF GROUPS**

### **7.01 Medical Staff Groups**

- (a) The Board shall appoint individuals to the following groups and applicable subgroups of the Medical Staff:

- (i) Active Staff
  - a. Active Staff – Primary
  - b. Active Staff – Secondary
  - c. Active Staff – Provisional
- (ii) Courtesy Staff
- (iii) Consultant Staff
- (iv) Clinical Associate Staff
  - a. Clinical Associate - Covering
  - b. Clinical Associate – Term
- (b) Notwithstanding the description of the groups and subgroups set out in Article 7.01(a), in exceptional circumstances the board may appoint an applicant to a group or subgroup that the Board determines is appropriate in the circumstances.
- (c) Each group and subgroup of the Medical Staff shall consist of those physicians appointed as members of that group and subgroup on and subsequent to the date that these By-laws are effective.

## **7.02 Active Staff**

The Active Staff group is intended for physicians who

- (a) have the highest level of privileges, responsibilities and commitment to patient care at the Hospital among the other Medical Staff groups;
- (b) have a full-time clinical faculty appointment or, in unusual circumstances, a part-time clinical faculty appointment at the University; and
- (c) have full-time clinical responsibilities at the Hospital or, in the exceptional instance, part-time clinical responsibilities at the Hospital.

## **7.03 Active Staff – Primary**

- (a) This subgroup is intended for physicians who satisfy the criteria to be Active Staff and who
  - (i) have the Hospital as the site of their primary clinical appointment, meaning (1) any duties they have at an another hospital or clinical setting are less significant, and (2) they are not appointed as Active Staff-Primary or the equivalent at another hospital;
  - (ii) have successfully completed such probationary period as the Board determines upon recommendation of the Chief Medical Executive or

Chair, Medical Advisory Committee, whether as Active Staff - Provisional at the Hospital or as a member of a nearly equivalent medical staff group at another hospital, unless the requirement is waived by the Board upon recommendation of the Chief Medical Executive or Chair, Medical Advisory Committee; and

- (iii) participate in a Department's practice plan that conforms to University policy.
- (b) A member of the Active Staff – Primary
- (i) shall attend meetings of the Medical Staff Association;
  - (ii) may vote at meetings of the Medical Staff Association;
  - (iii) may hold an office on the Medical Staff Association; and
  - (iv) may sit on a Medical Staff Committee.

#### **7.04 Active Staff – Secondary**

- (a) This subgroup is intended for physicians who satisfy the criteria to be Active Staff and who
- (i) have an Active – Primary appointment, or the near equivalent, at another hospital, or who spend the majority of their professional time at another hospital; and
  - (ii) have successfully completed such probationary period as the Board determines upon recommendation of the Chief Medical Executive or Chair, Medical Advisory Committee, whether as Active Staff - Provisional at the Hospital or as a member of a nearly equivalent medical staff group at another hospital, unless the requirement is waived by the Board upon recommendation of the Chief Medical Executive or Chair, Medical Advisory Committee.
- (b) A member of the Active Staff – Secondary
- (i) may attend meetings of the Medical Staff Association;
  - (ii) may not vote at meetings of the Medical Staff Association;
  - (iii) may not hold office on the Medical Staff Association other than the office of counsellor; and
  - (iv) may sit on a Medical Staff Committee.

#### **7.05 Active Staff – Provisional**

- (a) The Active Staff – Provisional subgroup is intended for physicians who
- (i) are appointed to the Active Staff of the Board;
  - (ii) satisfy the criteria to be Active Staff-Primary or Active Staff-Secondary except that they have not yet successfully completed a probationary

period as Active Staff - Provisional at the Hospital or in a nearly equivalent medical staff group at another hospital; and

- (iii) participate in a Department's practice plan that conforms to University policy.
- (b) A member of the Active Staff – Provisional
- (i) shall serve at least one (1) year probation (usually three (3) to five (5) years) as determined by the Board, upon the recommendation of the Chair, Medical Advisory Committee, taking into account the length of the University's probationary period for the physician's academic appointment;
  - (ii) may be put under the supervision of an Active Staff member named by the Chief Medical Executive or Chair, Medical Advisory Committee on the recommendation of the Chief of the Department to which the member has been assigned;
  - (iii) may attend meetings of the Medical Staff Association;
  - (iv) may not vote at Medical Staff Association meetings;
  - (v) may not hold an office of the Medical Staff Association; and
  - (vi) may sit on a Medical Staff Committee.
- (c) The Chief of the Department, upon the Chief of Department's initiative or upon request of the Active Staff - Provisional member or the member's Active Staff supervisor, may re-assign the member to a different Active Staff supervisor.
- (d) At any time an unfavourable report may cause the Medical Advisory Committee to consider making a recommendation to the Board that the appointment of the Active Staff - Provisional member be terminated.

#### **7.06 Courtesy Staff**

- (a) The Courtesy Staff category is intended for physicians who
  - (i) have a medical staff appointment at another hospital or clinical setting;
  - (ii) have a primary commitment to another organization or in the community;
  - (iii) request limited and ongoing access to Hospital resources or facilities; or
  - (iv) provide ongoing special but limited clinical or academic expertise.
- (b) The Medical Advisory Committee may recommend to the Board that the appointment be contingent upon the individual remaining on staff at the other hospital or clinical setting, or continuing with the primary commitment to the other organization or in the community.
- (c) A Courtesy Staff member

- (i) may attend meetings of the Medical Staff Association;
- (ii) may not vote at meetings of the Medical Staff Association;
- (iii) may not hold an office on the Medical Staff Association; and
- (iv) may sit on a Medical Staff Committee.

#### **7.07 Consultant Staff**

- (a) The Consultant Staff category is intended for physicians who have recognized clinical or academic credentials, expertise or reputation that are desired by the Hospital and who may occasionally provide the Hospital clinical or academic expertise.
- (b) Members of the Consultant Staff
  - (i) may attend meetings of the Medical Staff Association;
  - (ii) may not vote at meetings of the Medical Staff Association;
  - (iii) may not hold an office on the Medical Staff Association; and
  - (iv) may not sit on a Medical Staff Committee.

#### **7.08 Clinical Associate Staff**

- (a) The Clinical Associate Staff group is intended for physicians who meet specific clinical or academic needs as determined by the Chief of the Department.
- (b) The Clinical Associate Staff group shall consist of the Clinical Associate - Covering subgroup and the Clinical Associate - Term subgroup.
- (c) A member of the Clinical Associate Staff may
  - (i) attend meetings of the Medical Staff Association;
  - (ii) may not vote at meetings of the Medical Staff Association;
  - (iii) may not hold an office on the Medical Staff Association; and
  - (iv) may not sit on a Medical Staff Committee.

#### **7.09 Clinical Associate – Covering**

- (a) The Clinical Associate – Covering subgroup is intended for physicians who fill a temporary clinical or academic need of the Hospital.
- (b) The term of an appointment under this subgroup is twelve (12) months or less and may be renewed once.

#### **7.10 Clinical Associate – Term**

- (a) The Clinical Associate – Term subgroup shall consist of physicians who fill a clinical or academic need identified by the Hospital.
- (b) The term of a hospital appointment under this subgroup is twelve (12) months and may be renewed without limit.

ARTICLE 8. **MEDICAL STAFF DUTIES**

**8.01 Medical Staff Duties**

- (a) Each member of the Medical Staff is accountable to and shall recognize the authority of the Board through and with their Chief of the Department, the Chair, Medical Advisory Committee, Chief Medical Executive and the Chief Executive Officer.
- (b) A member of the Medical Staff shall be responsible to the Chief of the Department to which the physician is assigned for all aspects of professional, clinical and academic matters within the Hospital.
- (c) Each member of the Medical Staff shall
  - (i) attend and treat patients and exercise such clinical privileges as are granted by the Board upon recommendation of the Chief of the Department and Medical Advisory Committee, including treating patients at the Hospital consistent with the nature of the member's practice;
  - (ii) have admitting privileges unless stated otherwise in these By-laws or by the Board in its determination of privileges;
  - (iii) provide care at a level of quality and effectiveness generally recognized as appropriate;
  - (iv) notify the Chief Executive Officer of any change in the Certificate of Registration with the College of Physicians and Surgeons of Ontario;
  - (v) give such instruction as is required for the education of other members of the Medical Staff and Hospital staff;
  - (vi) abide by the policies of the Hospital, these By-laws, the Public Hospitals Act and all other legislated requirements;
  - (vii) co-operate with and recognize the authority of
    - a. the Chair, Medical Advisory Committee and Medical Advisory Committee;
    - b. the Chief Medical Executive;
    - c. the Chiefs of Department;
    - d. the Head of the applicable Division;
    - e. the director of the applicable program; and
    - f. the Chief Executive Officer;
  - (viii) where appropriate, notify patients, their families or other appropriate persons about options with respect to tissue and organ donation;

- (ix) act as supervisor of a member of the Medical Staff, as and when requested by the Chair, Medical Advisory Committee, Chief Medical Executive or the Chief of the Department;
  - (x) act as a supervisor of extended class nursing staff for the diagnosing, prescribing for or treating outpatients, as and when requested by the Chair, Medical Advisory Committee, Chief Medical Executive or the Chief of the Department;
  - (xi) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chair, Medical Advisory Committee, Chief Medical Executive or by the Chief of the Department to which the member has been assigned;
  - (xii) undertake mandatory training and perform such other reasonable duties, as may be requested from time to time by or under the authority of the Board or the Chair, Medical Advisory Committee or Chief Medical Executive.
  - (xiii) prepare and complete records in a timely fashion; and
  - (xiv) meet the terms of a Memorandum of Agreement where one exists.
- (d) Each member of the Active Staff - Primary and Active Staff - Provisional subgroups shall participate in a Department's practice plan that conforms to University policy.

### **8.02 Reporting Aberrant Practices**

Where any member of the Medical Staff or Hospital staff reasonably believes that a member of the Medical Staff

- (i) is attempting to exceed his or her privileges,
- (ii) is incapable of providing a service that he or she is about to undertake, or
- (iii) is acting in a manner that exposes or is reasonably likely to expose a patient, health care provider, employee or any other person at the Hospital to harm or injury,

the belief shall be communicated immediately to the Chief of the Department, the Chair, Medical Advisory Committee, the Chief Medical Executive and the Chief Executive Officer.

### **8.03 Viewing Therapeutic Actions, Operations or Procedures**

Any therapeutic action, operation or procedure performed in the Hospital may be viewed without the permission of a physician by the Chief Medical Executive, Chair, Medical Advisory Committee or the Chief of Department.

#### **8.04 Transfers of Responsibility**

- (a) Pursuant to the Hospital Management Regulation, whenever the responsibility for the care of a patient of a member of the Medical Staff is transferred to another member of the Medical Staff, a written notation by the Medical Staff member who is transferring the care over to another shall be made and signed on the patient's medical record and the name of the Medical Staff member assuming the responsibility shall be noted in the patient's medical record and the Medical Staff member assuming the responsibility shall be notified immediately.
- (b) Where a supervisor of a member of the Medical Staff, Chair, Medical Advisory Committee, the Chief of the Department, or the Chief Medical Executive becomes aware that, in his or her opinion
  - (i) a physician is acting in a manner that exposes or is reasonably likely to expose a patient, health care provider, employee or any other person at the Hospital to harm or injury, or
  - (ii) a serious problem exists in the care or treatment of one or more patients of a physician,the supervisor, Chief of the Department, Chair, Medical Advisory Committee or Chief Medical Executive, as the case may be, shall forthwith discuss the condition, care and treatment of the patient or patients with the attending physician and if changes in the care or treatment (a) are not likely to sufficiently reduce the risk, or (b) are satisfactory to the supervisor, Chief of the Department, Chief Medical Executive or Chair, Medical Advisory Committee, as the case may be, but are not made promptly, the supervisor of the member of the Medical Staff, the Chief of the Department, or the Chief Medical Executive, as the case may be, shall assume forthwith the duty of investigating, prescribing for and treating the member's patient or patients and the member of the Medical Staff who was in attendance will cease forthwith to have any hospital privileges as the attending physician for the patient or patients.
- (c) Where a supervisor of a member of the Medical Staff, the Chief of the Department, Chair, Medical Advisory Committee or the Chief Medical Executive, as the case may be, is responsible under Article 8.04(b) is unable to discuss the problem with the attending physician as required by Article 8.04(b), the supervisor, the Chief of the Department, Chair, Medical Advisory Committee or the Chief Medical Executive, as the case may be, shall proceed with his or her duties as prescribed in this Article 8.04 as if he or she had had the discussion with the attending physician.
- (d) Where a supervisor of a member of the Medical Staff, the Chief of the Department, Chair, Medical Advisory Committee or Chief Medical Executive, as the case may be, has cause to take over the care of a patient, then pursuant to the Public Hospitals Act, the Chief Executive Officer, the

attending physician and the patient, shall be notified as soon as possible or, in the case where the patient is mentally incompetent, the patient's substitute decision maker, shall be notified as soon as possible.

#### **8.05 Leaves of Absence**

Medical Staff members may apply for a leave of absence, sabbatical leave or leave for other reasons in accordance with the Hospital's policies and procedures. Where the Board, on recommendation of the Medical Advisory Committee, has granted a leave of absence of not more than one (1) year to a member of the Medical Staff, such member shall be eligible for re-appointment to the Medical Staff as applicable pursuant to Article 4, provided that the member applies for such re-appointment within one (1) year of the commencement of the member's leave of absence.

#### **8.06 Grievances**

- (a) Issues relating to academic freedom are to be referred by Chiefs of Departments to the University of Toronto Academic Clinical Tribunal.
- (b) If a member of the Medical Staff has a grievance not otherwise dealt with in the By-laws, the member shall be entitled to give written notice of the details thereof to the Chair, Medical Advisory or Chief Medical Executive. The Chair, Medical Advisory Committee or Chief Medical Executive will bring the matter to the relevant Chief of Department and to the Chief Executive Officer.

### **ARTICLE 9. MEDICAL ADVISORY COMMITTEE AND BOARD PROCESS AFFECTING APPOINTMENTS AND PRIVILEGES**

#### **9.01 General**

- (a) In a manner consistent with the Public Hospitals Act and these By-laws, the Board may
  - (i) refuse to appoint an applicant as a member of Medical Staff;
  - (ii) refuse to re-appoint a member of the Medical Staff;
  - (iii) deny any appointment of a member of the Medical Staff to any office in the Hospital; and
  - (iv) at any time revoke or suspend any appointment of a member of the Medical Staff, or dismiss, suspend, restrict, cancel, substantially alter or otherwise deal with the privileges of the member.
- (b) The Board may approve a process to manage suspensions for administrative matters including health records deficiencies and noncompliance with mandatory training.
- (c) Any office or administrative or leadership appointment of the member of the Medical Staff will automatically terminate upon the revocation of appointment or the restriction, revocation or suspension of privileges, unless otherwise determined by the Board.

- (d) If the University appointment of an Active Staff member is revoked by the University, the Medical Advisory Committee shall recommend that the Board revoke the Medical Staff member's appointment to the Active Staff.

### **9.02 Panels**

- (a) The Board may refer a matter before it under this Article 9 to a panel of the Board for consideration. Any member of the Board may participate on this panel provided that only the members with the right to vote shall vote. The decision of the panel shall be, in its effect, the decision of the Board.
- (b) The Medical Advisory Committee may refer a matter before it under this Article 9 to a panel of the Medical Advisory Committee for consideration. Any member of the Medical Advisory Committee may participate on the panel provided that only the members with a right to vote shall vote. The decision of the panel shall be, in its effect, the decision of the Medical Advisory Committee.

### **9.03 Reporting to College of Physicians and Surgeons**

The Chief Executive Officer shall prepare and forward a detailed report to the College of Physicians and Surgeons of Ontario where

- (a) the application for appointment or re-appointment to the Medical Staff is rejected by reason of the applicant's or member's incompetence, negligence or misconduct;
- (b) the privileges of a member of the Medical Staff are restricted or cancelled by reason of incompetence, negligence or misconduct;
- (c) a member resigns from the Medical Staff or restricts his or her practice within the Hospital during the course of investigation into his or her competence, negligence or misconduct; or
- (d) a member resigns from the Medical Staff or restricts his or her practice within the Hospital and the Chief Executive Officer has reasonable grounds to believe that the resignation or restriction is related to the member's competence, negligence or misconduct.

### **9.04 Annual Action – Appointment, Re-Appointment or Change in Privileges**

- (a) In the case of an application for appointment, re-appointment or change in privileges, within sixty (60) days from the date of the application, the Medical Advisory Committee shall give written notice to the Board and the applicant or member, as the case may be, of its recommendation.
- (b) The notice referred to in Article 9.04(a) shall
  - (i) include the written reasons for the recommendations if a request is received by the Medical Advisory Committee within seven (7) days of the applicant receiving the Medical Advisory Committee's notice; and

- (ii) inform the applicant or member, as the case may be, that he or she is entitled to a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the applicant or member, as the case may be, of the written reasons under Article 9.04(b)(i).
- (c) The time period to provide the written notice required in Article 9.04(a) may be extended, if, prior to the expiry of the time period, the Medical Advisory Committee gives written notice to the Board and the applicant or member, as the case may be, that the final recommendation cannot yet be made and provides written reasons therefor.
- (d) Service of a notice to the applicant or member may be made personally or by registered mail addressed to the person to be served at his or her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he or she did not, acting in good faith, through absence, accident, illness or other cause beyond his or her control receive it until a later date.
- (e) Where the applicant or member does not require a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.

#### **9.05 Mid-Term Action - Immediate**

- (a) The Chief Executive Officer, the Chief Medical Executive, Chair, Medical Advisory Committee or the Chief of Department may temporarily restrict or suspend the privileges of any member of the Medical 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.
- (b) Before the Chief Executive Officer, the Chief Medical Executive, Chair, Medical Advisory Committee, or Chief of a Department takes action authorized in Article 9.05(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 Article 9.05(a) shall provide immediate notice to the others. The person who takes the action authorized in Article 9.05(a) shall forthwith submit a written report on the action taken with all relevant materials and information to the Medical Advisory Committee.

#### **9.06 Mid-Term Action - Non-Immediate**

- (a) The Chief Executive Officer, the Chief Medical Executive, Chair, Medical Advisory Committee, or the Chief of Department may recommend to the Medical Advisory Committee that the privileges of any member of the Medical Staff be restricted, suspended or revoked in any circumstances where in their opinion the member's conduct, performance or competence
  - (i) fails to meet or comply with the criteria for annual re-appointment;
  - (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;
  - (iii) is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Hospital or impact negatively on the operations of the Hospital; or
  - (iv) fails to comply with the Hospital's by-laws, Hospital policies, the Public Hospitals Act or any other relevant law.
- (b) Prior to making a recommendation as referred to in Article 9.06(a), an investigation may be conducted. Where an investigation is conducted it may be assigned to an individual within the Hospital other than the Medical Advisory Committee or to an external consultant.

#### **9.07 Mid-Term Action – Referral to the Medical Advisory Committee**

- (a) Following the temporary restriction or suspension of privileges under Article 9.05, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a member of the Medical Staff under Article 9.06, the following process shall be followed:
  - (i) The Chief of the Department of which the individual is a member or an appropriate alternate designated by the Chief Medical Executive, Chair, Medical Advisory Committee or Chief Executive Officer shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation, as the case may be, with all relevant materials and 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 the medical Advisory Committee.
  - (iii) As soon as possible, and in any event at least forty-eight (48) hours prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of
    - a. the time and place of the meeting;
    - b. the purpose of the meeting; and

- c. a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.
- (b) If the Medical Advisory Committee considers it necessary, the date for the Medical Advisory Committee to consider the matter under Article 9.07(a)(ii) may be extended by
  - (i) an additional five (5) days in the case of a referral under Article 9.05; or
  - (ii) any number of days in the case of a referral under Article 9.06.
- (c) The Medical Advisory Committee 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, the Medical Advisory Committee may also refer the matter to a committee of the Medical Advisory Committee.
- (d) If the Medical Advisory Committee recommends the continuation of the restriction or suspension or a revocation of privileges or recommends a revocation of appointment or makes further recommendations concerning the matters considered at its meeting, the Medical Advisory Committee shall within twenty-four (24) hours of the Medical Advisory Committee meeting provide the member with written notice of the Medical Advisory Committee's recommendation.
- (e) The written notice shall inform the member that he or she is entitled to
  - (i) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the member's receipt of the notice of the recommendation; and
  - (ii) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the member of the written reasons requested.
- (f) If the member requests written reasons for the recommendation under Article 9.07(e), the Medical Advisory Committee shall provide the written reasons to the member within forty-eight (48) hours of receipt of the request.

#### **9.08 Board Hearing**

- (a) A hearing by the Board shall be held when one of the following occurs:
  - (i) The Medical Advisory Committee recommends to the Board that an application for appointment, re-appointment or requested privileges not be granted and the applicant requests a hearing in accordance with the Public Hospitals Act; or

- (ii) The Medical Advisory Committee makes a recommendation to the Board that the privileges of a member of the Medical 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 seven (7) days of the date the applicant or member requests the hearing under Article 9.08(a). In the case of non-immediate suspension or revocation of privileges, subject to this Article 9.08, the Board hearing will be held as soon as practicable and 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 the Medical Advisory Committee at least five (5) days before the hearing date.
- (f) The notice of the Board hearing shall include:
  - (i) the place and time of the hearing;
  - (ii) the purpose of the hearing;
  - (iii) a statement that the applicant or member and the Medical Advisory Committee shall be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be provided or any report, the contents of which will be given in evidence at the hearing;
  - (iv) a statement that the applicant or member may proceed in person or be represented by counsel, 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.
- (g) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.
- (h) The applicant or member requiring a hearing before the Board shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any report the contents of which will be given in evidence at the hearing.

- (i) Members of the Board holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing before 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 his or her representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
- (j) The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under the Statutory Powers Procedure Act.
- (k) No member of the Board shall participate in a decision of the Board pursuant to a hearing unless he or she was present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board shall be given unless members so present participate in the decision.
- (l) The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or re-appointment to the Medical Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the considerations set out in Articles 3.03, 4.02 and 6 respectively.
- (m) A written copy of the decision of the Board and the written reasons for the decision shall be provided to the applicant or member, as the case may be, and to the Medical Advisory Committee Secretary.
- (n) Service of the notice of the decision and the written reasons to the applicant or member may be made personally or by registered mail addressed to the applicant or member at his or her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he or she did not, acting in good faith, through absence, accident, illness or other cause beyond his or her control receive it until a later date.

ARTICLE 10. **MEDICAL ADVISORY COMMITTEE**

**10.01 Purpose and Accountability**

- (a) The Medical Advisory Committee is responsible for
  - (i) the supervision of quality of care delivered by medical programs and services; and
  - (ii) ensuring all aspects of medical care are appropriate for a teaching hospital affiliated with the University.

- (b) The Medical Advisory Committee is accountable to and shall report to the Board, in accordance with the Public Hospitals Act and the By-laws.

## **10.02 Membership**

- (a) Voting Members of the Medical Advisory Committee shall include:
  - (i) the Chair;
  - (ii) the Credentials Committee Chair;
  - (iii) the Chiefs of Departments; for a Department with both a Chief and a Site Chief, the Chief may delegate his or her vote to the Site Chief;
  - (iv) the Chairs of the Medical Staff Committees as provided in s. 11.01(a) below;
  - (v) the Chief Medical Executive;
  - (vi) the President of the Medical Staff Association;
  - (vii) the Vice-President of the Medical Staff Association; and
  - (viii) the Secretary of the Medical Staff Association.
- (b) Non-voting members of the Medical Advisory Committee shall include:
  - (i) the Chief Executive Officer;
  - (ii) the Chief Nursing Executive;
  - (iii) the Vice President, Education;
  - (iv) Chief Legal Officer;
  - (v) the Executive Vice President, Patient Care & Ambulatory Innovation; and
  - (vi) others as determined from time to time by the Medical Advisory Committee.

## **10.03 Chair, Past Chair and Vice Chair of Medical Advisory Committee**

### **Chair of Medical Advisory Committee**

- (a) Appointment. The Board following consultation with the Medical Advisory Committee will appoint a physician from the Active Staff as Chair of the Medical Advisory Committee.
- (b) Term of Office. The Chair of the Medical Advisory Committee will be eligible to serve a term of up to three (3) years.
- (c) Role and Responsibilities.
  - (i) The Chair of the Medical Advisory Committee is accountable to the Board for chairing the Medical Advisory Committee.

- (ii) To be a member of the Board and any of its committees considered appropriate by the Board.
- (iii) To present recommendations, in collaboration with the Chief Medical Executive, to the Board on behalf of the Medical Advisory Committee concerning:
  - (1) All aspects of the quality of medical care provided at the Hospital, including those related to the process of care delivery, to clinical outcomes, and to Hospital facilities and resources as they affect patient care or service delivery;
  - (2) Appointments and reappointments to the Medical Staff;
  - (3) The Hospital privileges to be granted to each member of the Medical Staff; and
  - (4) The dismissal, suspension or restriction of Hospital privileges of any member of the Medical Staff.
- (d) To report to the Medical Staff, in collaboration with the Chief Medical Executive, on behalf of the Medical Advisory Committee at annual and regular Medical Staff meetings.
- (e) To provide advice to the Chief Executive Officer, in collaboration with the Chief Medical Executive, on behalf of the Medical Advisory Committee on matters related to medical care.
- (f) To provide leadership, in collaboration with the Chief Medical Executive, in the development of medical policy.
- (g) To ensure supervision of the standards of medical care in the Hospital, in collaboration with the Chief Medical Executive, and in co-operation with the Chiefs of Departments.
- (h) To act as an ex officio member of all standing committees of the Medical Advisory Committee.
- (i) To report to the Board on behalf of the Medical Advisory Committee at regular Board meetings, and on any matters referred to it by the Board.

#### **Past Chair of the Medical Advisory Committee**

- (j) The Past Chair of the Medical Advisory Committee will perform such duties as assigned from time to time by the Chair of the Medical Advisory Committee.
- (k) The Past Chair will be eligible to serve a three (3) Year term that will commence following their term as Chair.

#### **Vice Chair of the Medical Advisory Committee**

- (l) The Medical Advisory Committee shall elect a Vice-Chair of the Medical Advisory Committee from the Active Staff, following the recommendation from the Medical Advisory Committee Executive.
- (m) The Vice Chair will Chair the Credentials Committee and report on Credentialing issues to the Medical Advisory Committee.
- (n) The Vice Chair will perform such duties as assigned from time to time by the Chair of the Medical Advisory Committee.
- (o) The Vice Chair will be eligible to serve a three (3) year term, following which they will assume the role of Chair.

#### **10.04 Duties**

The Medical Advisory Committee shall

- (a) perform the functions as set out in the Hospital Management Regulation;
- (b) receive and consider the report of the Credentials Committee and other reports that may be provided by other Medical Staff Committees;
- (c) in considering a recommendation for appointment, re-appointment or a change in privileges, review
  - (i) the need of the Hospital for such an appointment, re-appointment or change in privileges;
  - (ii) the impact such an appointment, re-appointment or change in privileges would have on available Hospital and community resources; and
  - (iii) in the case of a recommendation for appointment, re-appointment or change in privileges, specify the privileges which it recommends the applicant be granted;
- (d) supervise on behalf of the Board all aspects of medical care;
- (e) through the Chair, MAC advise the Board on
  - (i) medical quality assurance;
  - (ii) academic affairs as they pertain to issues of quality of care or patient care; and
  - (iii) clinical role of the Hospital;
- (f) make recommendations to the Board concerning these By-laws and policies respecting the Medical Staff;
- (g) make recommendations to the Board concerning dismissal, suspension or restriction of Hospital privileges of any member of the Medical Staff; and

- (h) make recommendations to the Board regarding every application for appointment or re-appointment of the Medical Staff.

#### **10.05 Meetings and Reporting Relationship**

- (a) The Medical Advisory Committee shall hold a minimum of ten (10) monthly meetings in each fiscal year.
- (b) The Medical Advisory Committee shall report to the Board.

#### **10.06 Quorum**

A quorum at any meeting of the Medical Advisory Committee or a standing committee or any other committee of the Medical Advisory Committee shall be fifty per cent (50%) of the Medical Staff entitled to vote on that committee unless otherwise addressed in these By-laws.

#### **10.07 Executive Committee of the Medical Advisory Committee**

- (a) The Executive Committee of the Medical Advisory Committee shall consist of
  - (i) the following voting members of the Medical Advisory Committee:
    - a. the Chair of the Medical Advisory Committee;
    - b. the Chief Medical Executive
    - c. the Vice Chair of the Medical Advisory Committee;
    - d. the Past Chair of the Medical Advisory Committee;
    - e. the President of the Medical Staff Association;
    - f. one other who shall be a Chief of a Department; and
  - (ii) the Chief Executive Officer as non-voting member.
- (b) The Executive Committee of the Medical Advisory Committee
  - (i) shall act as an advisory committee to the Medical Advisory Committee on issues referred to the Executive Committee by the Board or the Chief Executive Officer;
  - (ii) may exercise the full powers of the Medical Advisory Committee in all urgent matters, reporting every action at the next meeting of the Medical Advisory Committee;
  - (iii) shall report at each meeting of the Medical Advisory Committee; and
  - (iv) shall meet at the call of the chair of the Executive Committee.

### **ARTICLE 11. MEDICAL STAFF COMMITTEES OF THE MEDICAL ADVISORY COMMITTEE**

#### **11.01 Medical Staff Committees**

- (a) The Medical Staff Committees established by the Board include

- (i) Credentials Committee;
  - (ii) Health Information Management Committee;
  - (iii) Infection Prevention and Control Committee;
  - (iv) Operating Room Management Committee;
  - (v) Pharmacy and Therapeutics Committee; and
  - (vi) such other committees established by the Board as may be recommended by the Medical Advisory Committee or required by the Public Hospitals Act.
- (b) The Medical Advisory Committee may establish such other standing or ad hoc committees as may be necessary from time to time to comply with the Medical Advisory Committee's duties under the Public Hospitals Act or the By-laws or as it may deem appropriate.

#### **11.02 Appointment To Medical Staff Committees**

Pursuant to the Hospital Management Regulation, the Medical Advisory Committee shall appoint the medical members of all Medical Staff Committees provided for in these By-laws. Non-medical staff members of Medical Staff Committees shall be appointed by the Hospital's management.

#### **11.03 Committee Terms of Reference**

Unless, as in the case of the Credentials Committee per Article 12, the duties, powers, membership and frequency of meetings of a Medical Staff Committees are set out in these By-laws, the Medical Advisory Committee shall ensure that the Medical Staff Committees each have specific terms of reference outlining duties, powers, membership and frequency of meetings.

#### **11.04 Medical Staff Committee Chair**

- (a) The Medical Advisory Committee shall appoint the chair of each Medical Staff Committee.
- (b) For each Medical Staff Committee, the chair of such Medical Staff Committee shall
  - (i) chair the Medical Staff Committee meetings;
  - (ii) call meetings of the Medical Staff Committee;
  - (iii) provide a written report, including minutes of meetings and any recommendations, to the next meeting of the Medical Advisory Committee;
  - (iv) provide a written or oral update to the Chair of the Medical Advisory Committee thirty (30) days prior to the Hospital's annual general meeting;

- (v) at the request of the Medical Advisory Committee, be present at the Medical Advisory Committee to discuss all or part of any report of the Medical Staff Committee;
- (vi) inform the Medical Advisory Committee of changes to the Medical Staff Committee's terms of reference; and
- (vii) carry out such further and other duties as may be requested by the Medical Advisory Committee from time to time.

## ARTICLE 12. **CREDENTIALS COMMITTEE**

### **12.01 Membership**

The following are members of the Credentials Committee:

- (i) the Vice Chair of the Medical Advisory Committee, who shall be chair;
- (ii) the Chief Medical Executive;
- (iii) the secretary of the Medical Advisory Committee;
- (iv) the President of the Medical Staff Association;
- (v) the Chiefs of Departments;
- (vi) the Chief Executive Officer who is a non-voting member; and
- (vii) others as determined by the Medical Advisory Committee.

### **12.02 Duties**

- (a) The Credentials Committee shall ensure that a record of the qualifications and professional career of every member of the Medical Staff is maintained.
- (b) The Credentials Committee shall establish the authenticity of and investigate the qualifications of each applicant for appointment and re-appointment to the Medical Staff and each applicant for a change in privileges.
- (c) The Credentials committee shall ensure that
  - (i) each applicant for appointment to the Medical Staff meets the criteria as set out in Article 3.03;
  - (ii) each applicant for re-appointment to the Medical Staff meets the criteria as set out in Article 4.02; and
  - (iii) each applicant for a change in privileges meets the criteria for privileges set out in Article 6 and continues to meet the criteria for re-appointment set out in Article 4.02.
- (d) The Credentials Committee shall
  - (i) consider reports of the interviews with the applicant;
  - (ii) consult with the appropriate Chief of the Department;

- (iii) receive notification from the Chair, Medical Advisory Committee or Chief Medical Executive when the performance evaluations and the recommendations for re-appointments have been completed;
- (iv) submit a written report to the Medical Advisory Committee at or before its next regular meeting regarding all applications referred by the Medical Advisory Committee to the Credentials Committee since the last regular meeting of the Medical Advisory Committee; such report shall include the kind and extent of privileges requested by the applicant, and, if necessary, a request that the application be deferred for further investigation; and
- (v) perform any other duties requested by the Medical Advisory Committee.

## ARTICLE 13. **CHIEF MEDICAL EXECUTIVE**

### **13.01 Appointment**

The President and CEO may appoint a member of the Active Staff as Chief Medical Executive to facilitate the administration of medical governance and communication between the Hospital, the Medical Advisory Committee and the Medical Staff Association.

### **13.02 Responsibility**

The Chief Medical Executive reports to the President and CEO and works closely in collaboration with the Chair, Medical Advisory Committee.

## ARTICLE 14. **DEPARTMENTS**

### **14.01 Departments**

- (a) Members of the Medical Staff shall be appointed to one of the following professional Departments:
  - (i) Anaesthesia and Pain Management;
  - (ii) Family and Community Medicine;
  - (iii) Laboratory Medicine;
  - (iv) Medical Imaging;
  - (v) Medicine;
  - (vi) Obstetrics and Gynaecology;
  - (vii) Psychiatry; and
  - (viii) Surgery.

- (b) Whenever a separate Department is established, physicians and patients related to such a Department shall come under the jurisdiction of that Department.
- (c) The Board, after considering the advice of the Medical Advisory Committee, at any time, may establish or disband Departments of the Medical Staff.
- (d) Department meetings shall be held in accordance with Articles 15.04(c)(vi)d and 15.04(c)(vi)e of these By-laws.

## ARTICLE 15. **CHIEF OF DEPARTMENT**

### **15.01 Appointment**

- (a) The Affiliation Agreement sets out the process for recruitment, appointment and performance of Chiefs of Departments. In the event of a conflict between these By-laws and the Affiliation Agreement, the Affiliation Agreement shall prevail.
- (b) The Board shall appoint a physician as Chief of the Department after giving consideration to the recommendations of a search committee established for such purpose by the Chief Executive Officer and following the process identified in the Affiliation Agreement.
- (c) With the exception of the chair of a search committee for a chief of a joint clinical department operated with other hospitals, the chair of the search committee for a Chief of Department shall be a member of the Board and shall be appointed by the Board.
- (d) The search process shall include candidate selection on the basis of defined criteria.

### **15.02 Term**

- (a) The term of office is five (5) years to commence on July 1, subject to annual review and confirmation in accordance with the Memorandum of Agreement between the member and the Hospital and renewable as defined in the Affiliation Agreement and set out in Article 15.03.
- (b) The maximum number of terms shall be two (2) unless, in accordance with the procedures under the Affiliation Agreement, there are extraordinary circumstances or the Department has five (5) or fewer physicians.

### **15.03 Review**

- (a) Pursuant to the Affiliation Agreement, a five (5) year review of the Department and the Chief of the Department will occur during the final year of the initial appointment. Based on the review, re-appointment of the Chief of the Department may occur for a second five (5) year term or a term as determined by the Board not to exceed five (5) years, in accordance with the process as identified in the Affiliation Agreement.

- (b) In Departments where the same Chief has served two (2) consecutive five (5) year terms, pursuant to the Affiliation Agreement, there shall be a formal search for the position of Chief of the Department, set up during the ninth year. The existing Chief of the Department may apply.
- (c) Under extraordinary circumstances after serving ten (10) years, the incumbent Chief may be given consideration for an additional appointment and the search committee, acting in accordance with the Affiliation Agreement, may recommend to the Chief Executive Officer that the incumbent should be appointed without going through a more extensive search process. The Chief Executive officer shall decide whether to accept the recommendation of the search committee or ask the search committee to conduct a broader search.
- (d) After three (3) consecutive five (5) year terms, a broad search will be conducted even if the incumbent is a candidate for the position.

#### **15.04 Duties**

- (a) The Chief of the Department is responsible for the development and maintenance of quality patient care, education and research in the Department and management of the affairs of the Department within and outside of the Hospital.
- (b) The Chief of the Department is responsible to:
  - (i) the Board through the Medical Advisory Committee with respect to quality of medical diagnosis, care and treatment of patients in his or her Department;
  - (ii) the Dean of the Faculty of Medicine at the University, through the University's departmental chair, for academic matters related to the University; and
  - (iii) the Chief Executive Officer through the Chief Medical Executive on matters of planning, management and administration of the Department.
- (c) Specific responsibilities of the Chief of the Department with respect to the following include:
  - (i) Patient Care
    - a. Supervise the professional care provided to patients of the Hospital, by all members of the Medical Staff and all other members of the staff of the Department;
    - b. Recommend to the Chief Executive Officer the assignment of hospital resources within that Department;
    - c. Advise the Medical Advisory Committee with respect to the quality of medical diagnosis, care and treatment provided to patients of the Department;

- d. Advise the Chair of the Medical Advisory Committee, the Chief Medical Executive and the Chief Executive Officer of any patient in the Department who is not receiving the most appropriate treatment and care and take action as required under these By-laws, Hospital policies and the Public Hospitals Act when becomes aware of a serious problem in the diagnosis, care or treatment of a patient assigned to his or her Department;
- e. Ensure that quality improvement activities are undertaken regularly;
- f. Organize the Medical Staff and all other staff within the Department to ensure the provision of care to all patients treated by members of the Department; and
- g. Prompt the timely completion of health records by Medical Staff in the Department; in the event of non-compliance by a member of the Department, the Chief of Department may initiate disciplinary measures up to and including recommending to the Medical Advisory Committee that the member's privileges be restricted, suspended or revoked.

(ii) Planning

- a. Participate in the on-going formulation of the mission, strategic plan, objectives and goals of the Hospital;
- b. Undertake human resource planning for the Department, consistent with the Hospital's strategic plan; and
- c. Review proposals from each program for new appointments to the Medical Staff and make recommendations for approval to the Medical Advisory Committee within the context of approved medical staffing plans.

(iii) Staff Responsibilities

- a. Recruit qualified Medical Staff, in accordance with Article 3 and ensure that ongoing practice patterns, including resource and income considerations, are consistent with and further the realization of the mission, objectives and goals of the Hospital and the academic objectives of the University;
- b. Ensure orientation of new Medical Staff members;
- c. Encourage, support, motivate and supervise members of the Department, and foster an atmosphere of collegiality;

- d. Implement disciplinary measures for use when members of the Department contravene the requirements of the By-laws, the rules of the Department, Hospital policies and procedures;
  - e. Be fully informed as to the level of competence of all members of the Department with respect to their work at the Hospital and be satisfied that such individuals do not exceed the privileges granted to them or their current competence;
  - f. Review the performance and privileges of the members of the Department annually, based on a structured review process and make such recommendations to the Medical Advisory Committee concerning re-appointment;
  - g. Undertake a formal annual performance appraisal of all Medical Staff within the Department who provide a significant professional contribution to the Hospital, and provide a written summary of that appraisal to the member;
  - h. Recommend to the Medical Advisory Committee and the Board the appointment of a Head for each separate Division where these exist within the Department;
  - i. Delegate responsibility to the Head of each Division within the Department, as appropriate, and supervise that individual's activities;
  - j. Develop and regularly update policies and rules for the Department; and
- Report to the Medical Staff members of the Department the deliberations, recommendations and decisions of the Medical Advisory Committee.

(iv) Education

- a. Organize and co-ordinate within the Department educational programs for undergraduate, postgraduate and practising physicians and other health professionals in co-operation with the Hospital's medical education department and committees and with the University and other affiliated academic institutions; and
- b. Ensure that members of the Department undertake continuing education.

(v) Research

Encourage, support and monitor research consistent with the Hospital's vision and policies for research.

(vi) Management

- a. Advise Hospital management committees regarding effective utilization of Hospital resources related to clinical practice, while ensuring patient care and consistency with departmental academic objectives;
- b. Be responsible for any agreements made with, or commitments to, the University by the Department as per the Affiliation Agreement;
- c. Ensure the Department's activities are consistent with any contractual arrangements with the Hospital and the University;
- d. Organize the activities and functions of the Department and hold regular meetings with members of the Department to inform and seek input on Hospital and University policies and procedures, goals and objectives, strategic planning activities and resource allocation;
- e. Maintain and circulate minutes of Department meetings;
- f. Develop and implement policies and programs within the Department, and allocate resources;
- g. Report to the Medical Advisory Committee, recommendations on policies affecting medical care and the allocation of resources, including written reports as necessary;
- h. Represent the Department on the Medical Advisory Committee; and
- i. Perform such additional duties as may be outlined in the Chief of Department position description approved by the Board or as assigned from time to time by the Board, the Chair of the Medical Advisory Committee, the Medical Advisory Committee, or the Chief Executive Officer.

## ARTICLE 16. **DIVISIONS**

### **16.01 Divisions**

When warranted by the professional resources of the Department, the Board, on the advice of the Medical Advisory Committee, after considering the recommendation of the Chief of the Department, may divide the Department into Divisions.

### **16.02 Appointment of Head of Division**

- (a) When Divisions are established under a Department, the Chief of the Department in accordance with the Affiliation Agreement shall appoint a Head of Division for each Division who shall be responsible to the Chief of the

Department for the quality of medical care rendered to patients in that Division.

- (b) The Head of the Division shall be appointed on the recommendation of a search committee struck by the Chief of the Department in accordance with the Affiliation Agreement. The search process shall include candidate selection on the basis of defined criteria.

### **16.03 Term**

The term of office for a Head of the Division is five (5) years to commence normally on July 1, subject to annual review and renewable in accordance with these By-laws and the Affiliation Agreement.

### **16.04 Review**

- (a) Pursuant to the Affiliation Agreement, a five (5) year review of the Division and the Head of the Division will occur during the final year of the initial appointment. Based on the review, re-appointment may occur for a second five (5) year term in accordance with the process as identified in the Affiliation Agreement.
- (b) In Divisions where the same Head has served two (2) consecutive five (5) year terms, pursuant to the Affiliation Agreement, there shall be a formal search for the position of Head of the Division and the existing Head of the Division may apply.
- (c) Under extraordinary circumstances after serving ten (10) years, the Head of the Division may be given consideration for an additional appointment and the search committee may recommend to the Chief of Department that the incumbent should be appointed without going through a more extensive search process. The Chief of Department shall decide whether to accept the recommendation of the search committee or ask the search committee to conduct a broader search.
- (d) Notwithstanding the above, in the case of a very small Division, it may be impractical to appoint a new Head of the Division based on a ten (10) year rotation policy. Hence, in cases where Divisions have five (5) or fewer physicians, the Chief Executive Officer in consultation with the University may waive the requirements of the ten (10) year rotation policy.

### **16.05 Duties**

- (a) The Head of a Division is responsible for the development and maintenance of quality patient care, education and research in the Division and management of the affairs of the Division within and outside the Hospital.
- (b) The Head of the Division is responsible to the Chief of the Department.
- (c) Specific responsibilities of the Head of the Division include:
  - (i) to act as a delegate of the Chief of the Department and to assume such duties and responsibilities as assigned;

- (ii) to fulfil the responsibilities of the Chief of Department outlined in Article 15.04 as they pertain to the Division or members of the Division; and
- (iii) to fulfil such other responsibilities as may be delegated by the Chief of the Department.

## ARTICLE 17. **MEDICAL STAFF ASSOCIATION**

### **17.01 Medical Staff Association**

The Medical Staff Association is the organized body of the Medical Staff who hold appointments in the Hospital.

### **17.02 Meetings**

- (a) The Medical Staff meeting as the Medical Staff Association shall hold at least four (4) meetings in each fiscal year of the Hospital, one of which shall be the annual meeting.
- (b) Attendance in person or by proxy at meetings of the Medical Staff Association will be recorded.

### **17.03 Voting by Proxy**

- (a) Each member of the Medical Staff Association entitled to vote may appoint a proxy, on a form provided by the President of the Medical Staff Association, to vote at a meeting of the Medical Staff Association.
- (b) The proxy must be a member of the Medical Staff appointed to attend and act at the meeting in the manner prescribed by the proxy as if the member appointing the proxy were present at the meeting.
- (c) To be valid, the proxy must be signed and deposited with the Secretary of the Medical Staff Association at the meeting before any vote is cast under its authority or at such earlier time and in such manner as the President of the Medical Staff Association determines.

### **17.04 Annual Meetings**

- (a) Notice
  - (i) A written notice of each annual meeting of the Medical Staff Association shall be sent electronically by the Secretary of the Medical Staff Association at least ten (10) days before the meeting.
  - (ii) The notice shall remind each voting member of the Medical Staff Association that the member may appoint a proxy in accordance with Article 17.03 to vote on the member's behalf.
- (b) Ballot

A secret ballot to elect officers of the Medical Staff Association shall be held at the annual meeting of the Medical Staff Association.

(c) Quorum

At an annual meeting of the Medical Staff Association, thirty-three percent (33%) of the Active Medical Staff – Primary, whether in attendance in person or by proxy, shall constitute a quorum.

(d) Order of Business

The order of business at an annual meeting of the Medical Staff shall be:

- (i) review and adoption of minutes from the previous meeting;
- (ii) business arising from the minutes and new business;
- (iii) report of the President of the Medical Staff Association;
- (iv) report of the Treasurer of the Medical Staff Association;
- (v) report of the Chair, Medical Advisory Committee including
  - a. reports of the Medical Advisory Committee, and
  - b. reports of the Chiefs of Departments;
- (vi) election of the members of the executive of the Medical Staff Association including the President, Vice-President, Secretary, Treasurer, Social Convenor, and three (3) Counsellors;
- (vii) other business; and
- (viii) adjournment.

### **17.05 Regular Meetings**

(a) Notice

A written notice of each regular meeting of the Medical Staff Association shall be posted electronically by the Secretary of the Medical Staff Association at least five (5) days before the meeting.

(b) Quorum

At a regular meeting of the Medical Staff Association, thirty-three percent (33%) of the Active Medical Staff - Primary, whether in attendance in person or by proxy, shall constitute a quorum.

### **17.06 Special Meetings**

(a) Call of Special Meeting

At the discretion of the President of the Medical Staff Association or upon a written request of any ten (10) members of the Medical Staff Association, the President shall call a special meeting of the Medical Staff Association.

(b) Notice

(i) Notice of special meetings shall be as required for a regular meeting, except in cases of emergency, and shall state the nature of the business for which the special meeting is called.

(ii) The usual period of time required for giving notice of any special meeting may be waived in cases of emergency, subject to ratification of this action by the majority of the Medical Staff entitled to vote at the special meeting, as the first item of business at the meeting.

(c) Quorum

At a special meeting of the Medical Staff Association, fifty percent (50%) of the Medical Staff entitled to vote, whether in attendance in person or by proxy, shall constitute a quorum.

### **17.07 Membership Fees**

(a) All physicians, with the exception of Consultant Staff, appointed to the Medical Staff are required to pay an annual membership fee to the Medical Staff Association.

(b) Failure to pay dues will be followed by three (3) written notices of fees sent electronically, followed by one (1) written notice by registered mail. Upon failure to pay after written notification, the President of the Medical Staff Association will report these physicians to the Chair of the Medical Advisory Committee and the Chief Executive Officer who may suspend their privileges until the dues are paid.

## ARTICLE 18. MEDICAL STAFF ASSOCIATION ELECTED OFFICERS

### **18.01 Eligibility for Office**

Only members of the Active Staff – Primary subgroup of the Medical Staff may be elected or appointed to any position or office in the Medical Staff Association.

### **18.02 Election Procedure**

- (a) A nominating committee shall be appointed by the President of the Medical Staff Association and announced at the regular meeting of the Medical Staff Association held immediately prior to the annual meeting.
- (b) The nominating committee shall consist of the current President of the Medical Staff Association who chairs the committee, the immediate past President if this office is occupied, and two (2) members as appointed by the President who are Active Staff and entitled to vote.
- (c) At least thirty (30) days before the annual meeting of the Medical Staff Association, the nominating committee shall send electronically a list of the names of those who are nominated for the offices of the Medical Staff Association which are to be filled by election in accordance with these By-laws and the Public Hospitals Act.
- (d) Any further nominations shall be made in writing to the Secretary of the Medical Staff Association within fourteen (14) days after the posting of the names referred to in Article 18.02(c) of these By-laws.
- (e) Further nominations referred to in Article 18.02(d) of these By-laws shall be signed by two (2) members of the Active Staff who are entitled to vote and the nominee shall have signified in writing on the nomination acceptance of the nomination. Such nominations shall then be added to the list referred to in Article 18.02(c) of these By-laws and the Secretary of the Medical Staff Association shall send the updated list to the Active Staff electronically.

### **18.03 President**

- (a) Election  
The President of the Medical Staff Association shall be elected by the Active Staff present in person or by proxy and entitled to vote.
- (b) Term  
The term of office for the President of the Medical Staff Association shall be one (1) year, renewable twice.
- (c) Duties
  - (i) The role of the President of the Medical Staff Association is to represent the interests of the Medical Staff to the Board and the Hospital in accordance with the Public Hospitals Act.

- (ii) The President of the Medical Staff Association is responsible to the Medical Staff.
- (iii) Specific responsibilities of the President of the Medical Staff Association include the following:
  - a. to act as an advocate by supporting, promoting and advancing the rights and privileges of physicians as individuals and as a collective body;
  - b. to provide leadership to the collegial body of the Medical Staff Association;
  - c. to facilitate the process of developing a Medical Staff position on issues and to convey that position to the appropriate body;
  - d. to act as a member of the Board and as a member of such committees of the Board as determined in accordance with the Hospital's by-laws;
  - e. to act as liaison between the Medical Staff Association and both the Chief Executive Officer and the Board;
  - f. to be an *ex officio* member of the Resources Committee;
  - g. to act as a member of the Medical Advisory Committee and such other Hospital committees as deemed appropriate by the Board;
  - h. to preside at all meetings of the Medical Staff Association; and
  - i. to communicate with and to inform the Medical Staff Association of all issues pertaining to their interests.

#### **18.04 Vice-President**

(a) Election

The Vice-President of the Medical Staff Association shall be elected by the Active Staff present in person or by proxy and entitled to vote.

(b) Term

The term of office for the Vice-President of the Medical Staff Association shall be one (1) year, renewable twice.

(c) Duties

- (i) The role of the Vice-President of the Medical Staff Association is to assist the President of the Medical Staff Association in the performance of his or her duties and to assume the role and powers of the President of the Medical Staff Association during that individual's absence or inability to attend to his or her duties. It is expected that the Vice-President of the Medical Staff Association will succeed the President of the Medical Staff Association at the end of their respective terms.

- (ii) The Vice-President of the Medical Staff Association is responsible to the Medical Staff.
- (iii) Specific responsibilities of the Vice-President of the Medical Staff Association include the following:
  - a. to act in the capacity of the President of the Medical Staff Association in that individual's absence;
  - b. to perform such duties as the President of the Medical Staff Association may delegate;
  - c. to act as a member of the Medical Advisory Committee; and
  - d. to act as a member of the Board and as a member of such committees of the Board as determined in accordance with the Hospital's by-laws.

#### **18.05 Secretary**

(a) Election

The Secretary of the Medical Staff Association shall be elected by the Active Staff present in person or by proxy and entitled to vote.

(b) Term

The term of office for the Secretary of the Medical Staff Association shall be one (1) year, renewable twice.

(c) Duties

- (i) The role of the Secretary of the Medical Staff Association is to assist the President of the Medical Staff Association in the performance of his or her duties and to act in the place of the Vice-President of the Medical Staff Association in that individual's absence, or to act in the place of the President of the Medical Staff Association in the absence of both the Vice-President and President of the Medical Staff Association.
- (ii) The Secretary of the Medical Staff Association is responsible to the Medical Staff.
- (iii) Specific responsibilities of the Secretary of the Medical Staff Association include the following:
  - a. to attend to the correspondence of the Medical Staff Association;
  - b. to give notice of Medical Staff Association meetings in accordance with the Public Hospitals Act and these By-laws;
  - c. to ensure that minutes are kept at Medical Staff Association meetings;

- d. to receive and record the votes received by proxy for annual meetings of the Medical Staff Association;
- e. to ensure that a record of the attendance at each meeting of the Medical Staff Association is made;
- f. make the attendance records available to the Medical Advisory Committee;
- g. perform the duties of the Treasurer for Medical Staff funds and be accountable therefor when a Treasurer of the Medical Staff Association has not been elected; and
- h. to act as a member of the Medical Advisory Committee.

#### **18.06 Treasurer**

(a) Election

The Treasurer of the Medical Staff Association shall be elected by the Active Staff present in person or by proxy and entitled to vote.

(b) Term

The term of office for the Treasurer of the Medical Staff Association shall be one (1) year, renewable twice.

(c) Duties

(i) The role of the Treasurer of the Medical Staff Association is to oversee and be accountable for the financial matters of the Medical Staff Association.

(ii) The Treasurer of the Medical Staff Association is responsible to the Medical Staff.

(iii) Specific responsibilities of the Treasurer of the Medical Staff Association include the following:

- a. to hold the funds of the Medical Staff Association at the direction of the officers of the Medical Staff Association; and
- b. to disburse Medical Staff Association funds at the direction of the Officers of the Medical Staff Association.

#### **18.07 Social Convenor**

(a) Election

The Social Convenor of the Medical Staff Association shall be elected by the Active Staff present in person or by proxy and entitled to vote.

(b) Term

The term of office for the Social Convenor of the Medical Staff Association shall be one (1) year, renewable twice.

- (c) Duties
  - (i) The role of the Social Convenor of the Medical Staff Association is to plan the social and educational activities for the Medical Staff Association.
  - (ii) The Social Convenor of the Medical Staff Association is responsible to the Medical Staff.

#### **18.08 Counsellors**

- (a) Election

Three (3) Counsellors of the Medical Staff Association shall be elected by the Active Staff present in person or by proxy and entitled to vote.
- (b) Term

The term of office for a Counsellor of the Medical Staff Association shall be one (1) year, renewable twice.
- (c) Duties
  - (i) The role of Counsellors of the Medical Staff Association is to add the perspective of more Departments to the issues and discussion of matters of interest to members of the Medical Staff Association and its executive.
  - (ii) The Counsellors are responsible to the Medical Staff.

### **ARTICLE 19. AMENDMENTS TO MEDICAL STAFF BY-LAWS**

#### **19.01 Amendments**

These By-laws may be amended by the process established by the Board for amending its by-laws, provided that prior to submitting any amendments to such process,

- (a) a notice specifying the proposed amendments to the By-laws shall be sent electronically to the Medical Staff;
- (b) the Medical Staff shall be afforded an opportunity to comment on the proposed amendments; and
- (c) the Medical Advisory Committee shall make recommendations to the Board concerning the proposed amendments.

#### **19.02 Repeal and Restatement**

These By-laws repeal and restate in their entirety the by-laws of the Hospital entitled *Women's College Hospital Medical Dental Midwifery Staff By-laws* as enacted in 2006 and amended in 2007.

## Schedule “A”

### Process for Managing Medical Staff Applicants with a Positive Criminal Record & Judicial Matters Check (CR&JMC):

- A) The matter will be referred to the Medical Advisory Committee Chair, who will strike a working group composed of the Medical Advisory Committee Executive Committee in addition to Women’s College Hospital’s Chief Legal Officer.
- B) The working group will be chaired by the Medical Advisory Committee Vice Chair/Chair of the Medical Advisory Committee Credentialing Committee.
- C) The working group will take the following factors into account in reviewing the findings in the CR&JMC record and making a recommendation to the MAC about whether appointment should be granted in the circumstances:
  - i. Type of offence:
    - a. Factors of significance: violence, drug or alcohol use.
  - ii. Time since offence.
  - iii. First or repeated offence.
  - iv. Whether charges are proven or unproven in court.
  - v. Whether the applicant voluntarily disclosed the offence in his/her application.
  - vi. Witness statements or references, if available.
  - vii. Whether any remedial steps have been taken by the applicant, such as counselling.