



PRHC PROFESSIONAL STAFF BYLAWS

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Article 1 Definitions and Interpretation

1.1 Definitions

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

- 1.1.1 "Appointment" means the department, professional class or division to which a member of the professional staff is assigned by the MAC and approved by the Board;
- 1.1.2 "Board" means the Board of Directors of the Corporation;
- 1.1.3 "Chair" means a person who presides at a meeting or heads a Committee;
- 1.1.4 "Chief Executive Officer" means, in addition to 'administrator' as defined in the Public Hospitals Act, the President and Chief Executive Officer of the Corporation;
- 1.1.5 "Chief Medical Executive" means the senior physician employed by the Health Centre to supervise the administrative activities associated with the MAC, its committees and departments; as well as policies and procedures in use at the Health Centre. This role may have dual reporting relationships to the CEO and the Chair, Medical Advisory Committee, both;
- 1.1.6 "Chief Nursing Executive" means the senior nurse employed by the Hospital who reports directly to the Chief Executive Officer and is responsible for the practice and standards of nursing provided in the Hospital;
- 1.1.7 "Chief of a Department" means a member of the Professional Staff appointed by the Board to be responsible for the professional standards and quality of care rendered by the members of that department at the Hospital;
- 1.1.8 "Chief of Staff" means the member of the Professional Staff appointed to serve as Chair of the Medical Advisory Committee pursuant to section 8.2;
- 1.1.9 "Credentials Committee" means the committee established by the Medical Advisory Committee to review applications for appointment and reappointment to the Professional Staff and to report findings to the Medical Advisory Committee;
- 1.1.10 "Dental Staff" means those Dentists appointed by the Board to attend or perform dental services for patients in the Hospital;
- 1.1.11 "Dentist" means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- 1.1.12 "Department" or "department" means an organizational unit of the Professional Staff to which members with a similar field of practice have been appointed;
- 1.1.13 "Division" or "division" means an organizational unit of a Department;
- 1.1.14 "Ex officio" means membership "by virtue of the office" and includes all rights, responsibilities and power to vote unless otherwise specified;
- 1.1.15 "Nurse Practitioner" means those Registered Nurses in the Extended Class to whom the Board has granted privileges;
- 1.1.16 "Head of a Division" means the member of the Professional Staff appointed to be in charge of one of the organized divisions of a Department;
- 1.1.17 "Hospital" means Peterborough Regional Health Centre as operated by the Corporation;

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- 1.1.18 "Health Centre" means Peterborough Regional Health Centre as operated by the Corporation;
- 1.1.19 "Impact Analysis" means a study to determine the impact upon the resources of the Corporation of the proposed appointment of an applicant for appointment to the Professional Staff or an application by a member of the Professional Staff for additional privileges or procedures;
- 1.1.20 "Medical Advisory Committee" means the committee established pursuant to Article 10;
- 1.1.21 "Medical Staff" means those Physicians who are appointed by the Board and who are granted privileges to practice medicine in the Health Centre;
- 1.1.22 "Midwife" means a Midwife in good standing with the College of Midwives of Ontario;
- 1.1.23 "Midwifery Staff" means those Midwives who are appointed by the Board and granted privileges to practice Midwifery in the Hospital;
- 1.1.24 "Most Responsible Physician / Professional" means the member of the Medical, Dental, Midwifery or Nurse Practitioner staff who is most responsible for admitting, coordinating and managing the episode of care for patients in the hospital;
- 1.1.25 "Patient" means, unless otherwise specified or the context otherwise requires, any in-patient or outpatient of the Corporation;
- 1.1.26 "Physician" means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- 1.1.27 "Policies" means the administrative, human resources, clinical, professional and governance policies of the Health Centre adopted by the Board pursuant to Article 2;
- 1.1.28 "President", "Vice-President" and "Secretary/Treasurer" refer to elected Officers of the Medical Staff Organization;
- 1.1.29 "Privileges" means the level of access to resources at the Health Centre as approved by the Board;
- 1.1.30 "Procedures" means the clinical activities afforded by training, scope of practice, credentials or certification as approved by the Board;
- 1.1.31 "Professional Staff" means the Medical Staff, Dental Staff, Midwifery Staff and Nurse Practitioners;
- 1.1.32 "Professional Staff Human Resources Plan" means the plan developed for each Department under section 8.4;
- 1.1.33 "Public Hospitals Act" means the Public Hospitals Act (Ontario), and, where the context requires, includes the regulations made thereunder;
- 1.1.34 "Policies and Procedures" means the Policies and Procedures governing the practices of the Professional Staff in the Health Centre both generally and within a particular Department, and includes Policies and Procedures which have been approved by the Board after considering the recommendation of the Medical Advisory Committee;
- 1.1.35 "Staff Category" means the classification of appointment assigned by the MAC with various rights and duties (associate, active, courtesy, honorary, , temporary, locums tenens) as recommended by the MAC and approved by the Board;
- 1.1.36 "Supervisor" means a member of the professional staff who is assigned the responsibility to oversee the work of another person;

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1.2 Interpretation

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

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Article 2 Policies and Procedures

2.1 Policies and Procedures

- 2.1.1 The Board, after consideration of the recommendation of the Medical Advisory Committee (MAC), may approve Policies and Procedures as it deems necessary, based on this Professional Staff Bylaw (Administration & Governance)

2.2 MAC Standing Committees Established By the Board

- 2.2.1 The following standing Committees of the MAC are hereby established:

- i. Credentials Committee;
- ii. Health Records Committee;
- iii. Infection Control Committee;
- iv. Utilization (Flow) Committee;
- v. Pharmacy and Therapeutics Committee;
- vi. Point of Care Testing Advisory Committee
- vii. Quality Committee of the MAC
- viii. Transfusion Committee
- ix. Emergency Blood Management (yet to be commissioned)

2.3 Appointment to MAC Standing Committees

- 2.3.1 The Medical Advisory Committee shall appoint the members of the medical staff or professional staff to all Medical Advisory Committees provided for in this By-law of the Hospital. Other members of MAC standing Committees may be appointed by the Board or MAC in accordance with this By-law.

2.4 MAC Standing Committee Duties

- 2.4.1 Each standing committee of the MAC shall operate with terms of reference and membership as approved (or amended periodically) in accordance with this by-law (see Article 10.4.2) or as included in the Policies and Procedures.
- 2.4.2 In addition to the specific duties of each committee of the Medical Advisory Committee, all Medical Committees shall:
- i. meet as directed by the Medical Advisory Committee to complete its assigned activities; and
 - ii. present a written report of each meeting including any recommendations or findings, to the next meeting of the Medical Advisory Committee.

2.5 MAC standing Committee Chair

- 2.5.1 The Medical Advisory Committee shall appoint the Chair of each standing Committee of the Medical Advisory Committee.

2.6 MAC Standing Committee Chair Duties

- 2.6.1 A MAC Standing Committee Chair:
- i. shall chair the Committee meetings;

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- ii. shall call meetings of the Committee;
- iii. at the request of the Medical Advisory Committee, shall be present to discuss all or part of any report of the Committee;
- iv. ensure that the terms of reference of the Committee are fulfilled and that periodic amendments are recommended to the MAC for approval; and
- v. carry out such further and other duties as may be delegated by the Medical Advisory Committee from time to time.

2.7 Credentials Committee Duties

- 2.7.1 The Credentials Committee shall ensure that a record of the qualifications and professional career of every member of the Medical, Dental, Midwifery and Nurse Practitioner staff is recorded and maintained.
- 2.7.2 The Credentials Committee shall verify the authenticity, attestations and qualifications and CME of each applicant for appointment and / or re-appointment to the medical, dental, midwifery and nurse practitioner staff and each applicant for a change in appointment status, departmental assignment, privileges and procedures lists.
- 2.7.3 The detailed duties and responsibilities of the Credentials Committee shall be outlined in the Policies and Procedures of these by-laws and follow the processes and timelines described in these by-laws and Public Hospitals Act.

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Article 3 Appointment and Reappointment to Professional Staff

3.1 Appointment and Revocation

- 3.1.1 The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint members annually to a Professional Staff (Medical Staff, Dental Staff, Midwifery Staff and Nurse Practitioner staff) and shall grant such privileges as it deems appropriate to each member of the Professional Staff so appointed.
- 3.1.2 All applications for appointment and reappointment to the Professional Staff shall be processed in accordance with the provisions of this By-law and the *Public Hospitals Act*.
- 3.1.3 The Board may, at any time, make, revoke or suspend any appointment to the Professional Staff or restrict the privileges or procedures of any member of the Professional Staff in accordance with the provisions of this By-law and the *Public Hospitals Act*.

3.2 Term of Appointment

- 3.2.1 Subject to subsection 3.1.3, each appointment to the Professional Staff shall be for a term of up to one (1) year.
- 3.2.2 member of the Professional Staff has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
- i. unless subsection 3.2.2.ii applies, until the reappointment is granted or not granted by the Board; or
 - ii. in the case of a member of the Professional Staff and where the reappointment is not granted by the Board and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

3.3 Qualifications and Criteria for Appointment to the Professional Staff

- 3.3.1 Only applicants who meet the qualifications and satisfy the criteria set out in this By-law are eligible to be a member of, and appointed to, the Professional Staff of the Corporation.
- 3.3.2 An applicant for appointment to the Professional Staff must meet the following qualifications:
- i. have adequate training and experience for the privileges requested;
 - ii. have a demonstrated ability to:
 - a. provide patient care at an appropriate level of quality and efficiency;
 - b. work and communicate with, and relate to, others in a co-operative, collegial and professional manner;
 - c. communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;
 - d. participate in the discharge of staff, committee and other duties appropriate to staff category;
 - e. meet an appropriate standard of ethical conduct and behaviour outlined in the Rules/Regulations of the hospital; and
 - f. govern himself or herself in accordance with the requirements set out in this By-law, the Hospital's mission, vision and values, and Procedures and Policies;
 - iii. have maintained the level of continuing professional education required by the applicable regulatory College;
 - iv. have up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Hospital, the *Public Hospitals Act* or other legislation;

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- v. demonstrate adequate control of any significant physical or behavioural impairment affecting skill, attitude or judgment that might impact negatively on patient care or the operations of the Corporation; and
- vi. have current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice.

3.3.3 In addition to the qualifications set out in subsection 3.3.2, an applicant for appointment to the Medical Staff must meet the following qualifications:

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

3.3.4 In addition to the qualifications set out in subsection 3.3.2, an applicant for appointment to the Dental Staff must meet the following qualifications:

- i. be qualified to practice dentistry and licensed pursuant to the laws of Ontario and have a letter of good standing from the Royal College of Dental Surgeons of Ontario or the equivalent letter from their most recent licensing body; and
- ii. have a current Certificate of Professional Conduct from the Royal College of Dental Surgeons or the equivalent certificate from their most recent licensing body.

3.3.5 In addition to the qualifications set out in subsection 3.3.2, an applicant for appointment to the Midwifery Staff must meet the following qualifications:

- i. be qualified to practice midwifery and be licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Midwives of Ontario or an equivalent certificate from their most recent licensing body; and
- ii. have a current Certificate of Professional Conduct from the College of Midwives of Ontario or the equivalent certificate from their most recent licensing body.

3.3.6 In addition to the qualifications set out in subsection 3.3.2, an applicant for appointment as a Nurse Practitioner must meet the following qualifications:

- i. is qualified to practice as a nurse in the extended class and hold a current registration and be in good standing as a registered nurse in the extended class with the College of Nurses of Ontario;

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

3.3.8 In addition to any other provisions of the By-law, including the qualifications set out in subsections 3.3.2, 3.3.3, 3.3.4, 3.3.5 and 3.3.6, the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:

- i. the appointment is not consistent with the need for service, as determined by the Board from time to time;
- ii. the Professional Staff Human Resources Plan and/or the Impact Analysis of the Corporation and/or Department does not demonstrate sufficient resources to accommodate the applicant; or
- iii. the appointment is not consistent with the strategic plan and mission of the Corporation.

3.4 Application for Appointment to the Professional Staff

3.4.1 The Chief Executive Officer or delegate shall supply a copy of, or information on how to access a form of the application and the mission, vision, values and strategic plan of the Corporation, the bylaws and the

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Policies and Procedures, to each Physician, Dentist, Midwife or Nurse Practitioner who expresses in writing an intention to apply for appointment to the Professional Staff.

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

3.4.3 Prior to the consideration of an applicant for appointment, each applicant shall visit the Corporation for an interview with the Chief of Staff or delegate, the Chief Executive Officer or delegate, Chief of Department and other appropriate members of the Professional Staff. There may be specific circumstances when a site visit and/or interview is not required, as determined by the Chief of Staff or delegate, the Chief Executive Officer or delegate, Chief of Department or delegate.

3.5 Procedure for Processing Applications for Appointment to the Professional Staff

3.5.1 Upon receipt of a complete application, the Chief Executive Officer shall deliver each original application forthwith to the Medical Advisory Committee through the Chief of Staff or delegate, who shall keep a record of each application received and then refer the original application forthwith to the Chair of the Credentials Committee with a copy to the Chief of the relevant Department.

3.5.2 The Credentials Committee shall review all materials in the application, receive the recommendation of the Chief of the relevant Department, ensure all required information has been provided, investigate the professional competence and verify the qualifications of the applicant, consider whether the qualifications and criteria required by section 3.3 are met and shall submit a report as to its assessment and recommendation to the Medical Advisory Committee at its next regular meeting.

3.5.3 The Medical Advisory Committee shall:

- i. receive and consider the report and recommendations of the Credentials Committee;
- ii. review the application with reference to the Professional Staff Human Resources Plan and Impact Analysis; and
- iii. send, within sixty (60) days of the date of receipt by the Chief Executive Officer of a complete application, notice of its recommendations to the Board and the applicant, in accordance with the *Public Hospitals Act*.

3.5.4 Notwithstanding subsection 3.5.3 iii, the Medical Advisory Committee may make its recommendation later than sixty (60) days after receipt of the application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within such sixty (60) day period and gives written reasons therefore.

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

3.5.6 Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges and procedures differ from those requested, the Medical Advisory Committee shall inform the applicant 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 receipt by the applicant of notice of the recommendation; and
- ii. a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the applicant of the written reasons referred to in subsection 3.5.6.i.

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

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

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

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

3.6 Application for Reappointment to the Professional Staff

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

3.6.2 Each application for reappointment to the Professional Staff shall contain the following information:

- i. a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Policies and Procedures from time to time;
- ii. either:
 - a. a declaration that all information on file at the Hospital from the applicant's most recent application is up-to-date, accurate and un-amended as of the date of the current application; or
 - b. a description of all material changes to the information on file at the Hospital since the applicant's most recent application, including without limitation: an updated curriculum vitae including any additional professional qualifications acquired by the applicant since the previous application and information regarding any completed disciplinary or malpractice proceedings that have resulted in restriction in privileges/procedures or suspensions during the past year;
- iii. a report of the Chief of the relevant Department or Departments, as the case may be, in accordance with a performance evaluation process approved by the Board from time to time, which report shall include the Chief of Department's recommendation with respect to reappointment with the Hospital;
- iv. the category of appointment requested and a request for either the continuation of, or any change in, existing privileges/procedures;
- v. if requested, a current Certificate of Professional Conduct or equivalent from the appropriate college or licensing body;
- vi. confirmation that the member has complied with the disclosure duties set out in 6.8.iv; and
- vii. such other information that the Board may require, respecting competence, capacity and conduct, having given consideration to the recommendation of the Medical Advisory Committee.

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

3.6.4 Application for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 3.5 of this By-law.

3.7 Qualifications and Criteria for Reappointment to the Professional Staff

3.7.1 In order to be eligible for reappointment:

- i. the applicant shall continue to meet the qualifications and criteria set out in section 3.3;
- ii. the applicant shall have conducted himself or herself in compliance with this By-law, the Hospital's values, Policies and Procedures; and
- iii. the applicant shall have demonstrated appropriate use of Hospital resources in accordance with the Professional Staff Human Resources Plan and the Policies and Procedures of the Corporation.

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3.8 Application for Change of Privileges

- 3.8.1 Each member of the Professional Staff who wishes to change his or her privileges/procedures shall submit, on the prescribed form, to the Chief Executive Officer, an application listing the change of privileges/procedures requested and providing evidence of appropriate training and competence and such other matters as the Board may require.
- 3.8.2 The Chief Executive Officer shall refer any such application forthwith to the Medical Advisory Committee through the Chief of Staff or delegate, who shall keep a copy of each application, received and shall then refer the original application forthwith to the Chair of the Credentials Committee and the Chief of the relevant Department.
- 3.8.3 The Credentials Committee shall investigate the professional competence, verify the qualifications of the applicant for the privileges requested, received the report of the Chief of Department, and shall submit a report of its findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of privileges/procedures, if any, that it recommends that the applicant be granted.
- 3.8.4 The application shall be processed in accordance with and subject to the requirements of sections 3.7 and subsections 3.5.3 to 3.5.10 of this By-law.

3.9 Leave of Absence

- 3.9.1 Upon request of a member of the Professional Staff to the Chief of his or her Department, a leave of absence of up to twelve (12) months may be granted by the Chief of Staff or delegate upon the recommendation of the Medical Advisory Committee,
 - i. in the event of extended illness or disability of the member, or
 - ii. in other circumstances acceptable to the Board, upon recommendation of the Chief of Staff, or delegate, and the Medical Advisory Committee.
- 3.9.2 After returning from a leave of absence granted in accordance with subsection 3.9.1, the member of the Professional Staff may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff or delegate. The Chief of Staff or delegate may impose such conditions on the privileges granted to such member as appropriate.
- 3.9.3 Following a leave of absence of longer than twelve (12) months, a member of the Professional Staff shall be required to make a new application for appointment to the Professional Staff in the manner and subject to the criteria set out in this By-law.

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Article 4 Monitoring, Suspension and Revocation

4.1 Monitoring Practices and Transfer of Care

- 4.1.1 Any aspect of patient care or Professional Staff conduct being carried out in the Corporation may be reviewed without the approval of the member of the Professional Staff responsible for such care by the Chief of Staff or delegate or Chief of Department or delegate.
- 4.1.2 Where any member of the Professional Staff or Corporation staff reasonably believes that a member of the Professional Staff is incompetent, attempting to exceed his or her privileges, incapable of providing a service that he or she is about to undertake, or acting in a manner that exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to one of the Chief of Staff, or delegate, the Chief of the relevant Department, or delegate and the Chief Executive Officer, or delegate, so that appropriate action can be taken.
- 4.1.3 The Chief of a Department or delegate, on notice to the Chief of Staff, or delegate where he or she believes it to be in the best interest of the patient, shall have the authority to examine the condition and scrutinize the treatment of any patient in his or her Department and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff, or delegate, notice shall be given as soon as possible.
- 4.1.4 If the Chief of Staff, or delegate or Chief of a Department, or delegate becomes aware that, in his or her opinion a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment of the patient with the attending member of the Professional Staff. If changes in the diagnosis care or treatment, satisfactory to the Chief of Staff, or delegate or the Chief of Department, or delegate, as the case may be, are not made, he or she shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the patient.
- 4.1.5 Where the Chief of Staff, or delegate or Chief of a Department, or delegate has cause to take over the care of a patient, the Chief Executive Officer, or delegate, the Chief of Staff, or delegate or the Chief of the Department, or delegate, as the case may be, and one other member of the Medical Advisory Committee, the attending member of the Professional Staff, and the patient or the patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chief of Staff, or delegate or the Chief of Department, or delegate shall file a written report with the Medical Advisory Committee within forty eight (48) hours of his or her action.
- 4.1.6 Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff, or delegate or Chief of Department, or delegate who has taken action under subsection 4.1.4 that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer, or delegate and the Board of the problem and the action taken.

4.2 Suspension, Restriction or Revocation of Privileges

- 4.2.1 The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke or suspend any appointment of a member of the Professional Staff or revoke, suspend, restrict or otherwise deal with the Privileges of a member of the Professional Staff.
- 4.2.2 Any administrative or leadership appointment of the member of the Professional Staff will automatically terminate upon the restriction, revocation or suspension of privileges or, revocation of appointment, unless otherwise determined by the Board.
- 4.2.3 Where an application for appointment or reappointment is denied or, the privileges of a member of the Professional Staff have been restricted, suspended or revoked, by reason of incompetence, negligence or misconduct, or the member resigns from the Professional Staff during the course of an investigation into his or her competence, negligence or misconduct, the Chief Executive Officer, or delegate shall prepare and forward a detailed written report to the member's regulatory body as soon as possible, and not later than thirty (30) days.

4.3 Immediate Action

- 4.3.1 The Chief Executive Officer, or delegate or Chief of Staff, or delegate or Chief of a Department or delegate may temporarily restrict or suspend the privileges of any member of the Professional Staff, in circumstances where in their opinion the member's conduct, performance or competence:

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- i. exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
- ii. is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Hospital; and, immediate action must be taken to protect patients, health care providers, employees and any other person at the Hospital from harm or injury.

4.3.2 Before the Chief Executive Officer or delegate, the Chief of Staff, or delegate, or Chief of a Department, or delegate takes action authorized in subsection 4.3.1; they shall first consult with one of the other of them. If such prior consultation is not possible or practicable under the circumstances, the person who takes the action authorized in subsection 4.3.1 shall provide immediate notice to the others. The person who takes the action authorized in subsection 4.3.1 shall forthwith submit a written report on the action taken with all relevant materials and/or information to the Medical Advisory Committee.

4.4 Non-Immediate Action

4.4.1 The Chief Executive Officer or delegate, the Chief of Staff, or delegate, or the Chief of a Department, or delegate, may recommend to the Medical Advisory Committee that the privileges of any member of the Professional 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 reappointment; or
- ii. exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
- iii. is or is reasonably likely to be, 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, Policies and Procedures, the *Public Hospitals Act* or any other relevant law.

4.4.2 Prior to making a recommendation as referred to in subsection 4.4.1, an investigation may be conducted. Where an investigation is conducted it may be assigned to an individual within the Hospital other than the Medical Advisory Committee or an external consultant.

4.5 Referral to Medical Advisory Committee for Recommendations

4.5.1 Following the temporary restriction or suspension of privileges under section 4.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a member of the Professional Staff under section 4.4, 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 of Staff, or delegate or Chief Executive Officer, or delegate shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation, as the case may be, with all relevant materials and/or information;

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.

4.5.2 The date for the Medical Advisory Committee to consider the matter under 4.5.1.ii may be extended by,

- i. an additional five (5) days in the case of a referral under 4.3; or

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ii. any number of days in the case of a referral under 4.4, if the Medical Advisory Committee considers it necessary to do so.

4.5.3 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.

4.5.4 If the Medical Advisory Committee recommends the continuation of the restriction or suspension or a revocation of privileges or recommends a revocation of appointment and/or makes further recommendations concerning the matters considered at its meeting, the Medical Advisory Committee shall within twenty-four (24) hours of the Medical Advisory Committee meeting provide the member with written notice of the Medical Advisory Committee's recommendation.

4.5.5 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.

4.5.6 If the member requests written reasons for the recommendation under 4.5.5, the Medical Advisory Committee shall provide the written reasons to the member within forty-eight (48) hours of receipt of the request.

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Article 5 Board Hearing

5.1 Board Hearing

5.1.1 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, reappointment 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 Professional Staff are restricted, suspended or revoked or an appointment be revoked and the member requests a hearing.

5.1.2 The Board will name a place and time for the hearing.

5.1.3 In the case of immediate suspension or revocation of privileges, the Board hearing shall be held within seven (7) days of the date the applicant or members requests the hearing under 5.1.1. In the case of non-immediate suspension or revocation of privileges, subject to subsection 5.1.4, the Board hearing will be held as soon as practicable but not later than twenty eight (28) days after the Board receives the written notice from the member or applicant requesting the hearing.

5.1.4 The Board may extend the time for the hearing date if it is considered appropriate.

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

5.1.6 The notice of the Board hearing will include:

- i. the place and time of the hearing;
- ii. the purpose of the hearing;
- iii. a statement that the applicant or member and Medical Advisory Committee will be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
- 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.

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

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

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

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

5.1.11 No member of the Board will participate in a decision of the Board pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with

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the consent of the parties, no decision of the Board will be given unless all members so present participate in the decision.

- 5.1.12 The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the considerations set out in sections 3.3, 3.6 and 3.7, respectively.
- 5.1.13 A written copy of the decision of the Board will be provided to the applicant or member and to the Medical Advisory Committee.
- 5.1.14 Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third (3rd) day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.

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Article 6 Professional Staff Categories and Duties

6.1 Professional Staff Categories

6.1.1 Members of the Medical Staff, Dental Staff, Midwifery and Nurse Practitioners shall be appointed into one of the following categories:

- i. Active;
- ii. Associate;
- iii. Courtesy;
- iv. Locum Tenens;
- v. Temporary; and
- vi. Honorary.
- vii. such categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.

6.1.2 All members of the Professional Staff shall fulfill the requisite duties and obligations of the staff category and Department to which they have been assigned.

6.2 Active Staff

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

6.2.2 Each member of the Active Staff:

- i. shall be entitled to vote on matters within the Department to which they have been appointed;
- ii. have requisite privileges and procedures to fulfill the needs of their department and program
- iii. attend patients and undertake diagnostic, treatment and/or operative procedures in accordance with the privileges and procedures granted by the Board;
- iv. be responsible and accountable to the Chief of the Department to which they have been assigned for all aspects of patient care, professional conduct and ethical practice;
- v. maintain the requisite qualifications, credentials and CME required fulfilling their duties and obligations as a member of the Active staff;
- vi. act as a supervisor of other members of the Medical Staff, Dental Staff, Midwifery Staff or Nurse Practitioner when requested by the Chief of Staff, or delegate or the Chief of the Department to which they have been assigned;
- vii. fulfil such on-call, MRP and other requirements as may be established by each Department or Division in accordance with the Professional Staff Human Resource Plan and the Policies and Procedures as prescribed by the Medical Advisory Committee;
- viii. perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff, or delegate or the Chief of the relevant Department from time to time;
- ix. if a Physician, be entitled to attend and vote at meetings of the Professional Staff and be eligible to be an elected or appointed officer of the Professional Staff; and
- x. if a Dentist, Midwife or Nurse Practitioner, be entitled to attend and vote at he Professional Staff meetings but shall not be eligible to hold an elected or appointed office of the Professional Staff.

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6.3 Associate Staff

6.3.1 Physicians, Dentists, Midwives or Nurse Practitioners who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff. In no event shall an appointment to the Associate Staff extend beyond two (2) years.

6.3.2 Each member of the Associate Staff shall:

- i. be entitled to vote on matters within the Department to which they have been assigned;
- ii. have requisite privileges and procedures to fulfill the needs of their department and program
- iii. be responsible and accountable to the Chief of the Department to which they have been assigned for all aspects of patient care, professional conduct and ethical practice;
- iv. work under the supervision of an Active Staff member named by the Chief of Staff, or delegate to whom he or she has been assigned;
- v. maintain the requisite qualifications, credentials and CME required fulfilling their duties and obligations as a member of the Associate staff;
- vi. undertake such duties in respect of patients as may be specified by the Chief of Staff, or delegate, and, if appropriate, by the Chief of the relevant Department to which they have been assigned;
- vii. fulfil such on-call requirements as may be established by each Department or Division and in accordance with the Professional Staff Human Resources Plan and the Policies and Procedures;
- viii. perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff, or delegate or Chief of the relevant Department from time to time;
- ix. if a Physician, be entitled to attend and vote at Professional Staff meetings but shall not be eligible to be an elected or appointed officer of the Professional Staff; and
- x. if a Dentist, Midwife or Nurse Practitioner, be entitled to attend and vote at Professional Staff meetings but shall not be eligible to hold an elected or appointed office of the Professional Staff.

6.3.3.

- i. At six (6) month intervals following the appointment of an Associate Staff member to the Professional Staff, the Active Staff member by whom the Associate Staff member has been supervised shall meet with the Associate Staff member, begin a performance evaluation and begin to prepare a written report to the Chief of the Department and the Chief of Staff, or delegate, concerning:
 - a. the knowledge and skill that has been shown by the Associate Staff member;
 - b. the nature and quality of his or her work in the Health Centre; and
 - c. his or her performance and compliance with the criteria set out in subsection 3.3.2. The Chief of Staff, or delegate shall forward such report to the Credentials Committee.
- ii. Upon receipt of the report referred to in subsection 6.3.3.i, the appointment of the member of the Associate Staff shall be reviewed by the Credentials Committee, which shall make a recommendation to the Medical Advisory Committee.
- iii. If any report made under subsections 6.3.3.i or 6.3.3.ii is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend the appointment of the Associate Staff member be terminated.
- iv. No member of the Associate Staff shall be recommended for appointment to the Active Staff unless they have been a member of the Associate Staff for at least one (1) year. In no event shall an appointment to the Associate Staff be continued for more than two (2) years.

6.4 Courtesy Staff

6.4.1 The Courtesy Staff shall consist of those Physicians, Dentists, Midwives and Nurse Practitioners appointed by the Board to the Courtesy Staff in one or more of the following circumstances:

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- i. the applicant meets a specific service need of the Health Centre; or
- ii. where the Board deems it otherwise advisable and in the best interests of the Health Centre.

6.4.2 Members of the Courtesy Staff shall:

- i. have such privileges and procedures as may be granted by the Board on an individual basis;
- ii. attend patients and undertake diagnostic, treatment and operative procedures only in accordance with the privileges and procedures granted by the Board;
- iii. be responsible and accountable to the Chief of Department to which they have been assigned for all aspects of patient care, professional conduct and ethical practice; and
- iv. be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff;
- v. maintain the requisite qualifications, credentials and CME required fulfilling their duties and obligations as a member of the Courtesy staff;

6.5 Locum Tenens Staff

6.5.1 Locum Tenens Staff consist of Physicians, Dentists, Midwives, and Nurse Practitioner who have been appointed to the Locum Tenens Staff by the Board in order to meet specific clinical needs for a defined period of time in one or more of the following circumstances:

- i. to be a planned replacement for a Physician, Dentist, Midwife or Nurse Practitioner for specified period of time; or
- ii. to provide episodic or limited surgical or consulting services.

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

6.5.3 A Locum Tenens Staff shall:

- i. have requisite privileges and procedures to fulfill the needs of their department and program
- ii. attend patients and undertake diagnostic, treatment and/or operative procedures in accordance with the privileges and procedures granted by the Board;
- iii. be responsible and accountable to the Chief of the Department to which they have been assigned for all aspects of patient care, professional conduct and ethical practice;
- iv. maintain the requisite qualifications, credentials and CME required fulfilling their duties and obligations as a member of the Locum tenens staff;
- v. work under the supervision of an Active Staff member assigned by the Chief of Staff, or delegate; and
- vi. not attend or vote, subject to determination by the Board in each individual case, at Professional Staff meetings or be elected or appointed to any office of the Professional Staff

6.6 Temporary Appointment:

6.6.1 A temporary appointment of a Physician, Dentist, Midwife or Nurse Practitioner may be made only for one of the following reasons:

- i. to meet a specific singular requirement by providing a consultation and/or operative procedure within a defined Department or Division; or

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- ii. to meet an urgent unexpected but limited duration need for a professional service.
- iii. Notwithstanding any other provision in this By-law, the Chief Executive Officer, or delegate after consultation with the Chief of Staff, or delegate on the recommendation of a Chief of a Department, may:
 - a. grant a temporary appointment to a physician, dentist, midwife or nurse practitioner who is not a member of the professional staff 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
 - b. continue the appointment on the recommendation of the Medical Advisory Committee until the next meeting of the Board.
- iv. A temporary appointment shall have assigned privileges and procedures and the member shall be responsible and accountable to the Chief of the Department to which they have been assigned for all aspects of patient care, professional conduct and ethical practice;
- v. at any time, temporary appointments may be withdrawn by the Chief Executive Officer, or delegate following consultation with the Chief of Staff, or delegate and Chief of the Department to which they have been assigned.
- vi. The board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted pursuant to section 6.6.1.iii for such period of time and on such terms as the Board determines.
- vii. If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- viii. the temporary appointment shall specify the category of appointment and any limitations, restrictions or special requirements.

6.7 Honorary Staff

- 6.7.1 A professional staff may be honored by the Board by being designated as a member of the Honourary Staff of the Corporation, for such term as the Board deems appropriate, because he or she:
 - i. is a former member of the Active medical staff who has retired from practice; or
 - ii. has an outstanding reputation or made an extraordinary accomplishment, although not necessarily a resident in the community.
- 6.7.2 Each member of the honorary staff shall be appointed by the Board on the recommendation of the Medical Advisory Committee.
- 6.7.3 Honorary members:
 - i. shall not have privileges or provide patient care;
 - ii. shall not have regularly assigned clinical, academic or administrative duties or responsibilities;
 - iii. may attend, but shall not vote at, Professional Staff meetings, and shall not be eligible to hold elected or appointed offices in the Professional Staff; and
 - iv. shall not be bound by the attendance requirements of the Professional Staff.

6.8 Duties of Professional Staff

- 6.8.1 Each member of the Professional Staff:
 - i. is accountable to and shall recognize the authority of the Board through and with the Chief of Staff, Chief of Department, Head of Division (where applicable) and Chief Executive Officer.
 - ii. shall co-operate with and respect the authority of:

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- a. the Chief of Staff and the Chair of the Medical Advisory Committee;
 - b. the Chief Medical Executive;
 - c. the Chiefs of Department;
 - d. the Head of the applicable Division; and
 - e. the Chief Executive Officer; and
- iii. shall perform the duties, undertake the responsibility and comply with the provisions set out in this By-law and the Policies and Procedures.
- iv. shall forthwith advise the Chief of Department and Chief of Staff, or delegate of the commencement of any College investigation or disciplinary proceeding, proceedings to restrict or suspend any appointment or privileges at any other hospital(s), or malpractice actions.
- v. shall maintain requisite credentials, qualifications, memberships and CME in order to fulfill the duties and responsibilities associated with their appointment status, departmental assignment and privileges and procedures;
- vi. practice within the applicable Code of Conduct of their Professional (licensing) body;
- vii. observe and comply with all legislation and regulations concerning professional practice within the Health Centre;
- viii. observe and comply with specific policies that may be in effect, such as but not limited to, confidentiality, privacy, conflict of interest, circle of care, information technology, etc.

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Article 7 Departments and Divisions

7.1 Professional Staff Departments

7.1.1 The Professional Staff may be organized into such Departments as may be approved by the Board from time to time.

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

7.2 Divisions Within a Department

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

7.3 Changes to Departments and Divisions

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

7.4 Professional Staff Human Resources Plan

Each Department, Division and Professional Staff category (where applicable) shall develop a Professional Staff Human Resources Plan in accordance with the Health Centre Strategic Plan. The Plan shall be developed by the Chief of the Department or Professional Staff designate, after receiving and considering the input of the members of the Professional Staff in the Department, division or Professional Staff category, and shall be approved by the Board of Directors. Each Plan shall include,

7.4.1 the required number and expertise of the Professional Staff to meet the service and performance demands for clinical care at the Health Centre, including, but limited to, MRP coverage, response time for consultations wait times, etc.;

7.4.2 a schedule of skills and expertise, as well as succession plan, for continuity of services and programs at the Health Centre;

7.4.3 reasonable on-call requirements for members of the Professional Staff of the Department;

7.4.4 a process for equitably distributing changes of resources to the members of the Professional Staff within the Department;

7.4.5 a process for making decisions with respect to changes in the Department resources; and

7.4.6 a dispute resolution process regarding decisions made under subsection 7.4.5 above.

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Article 8 Leadership Positions

8.1 Professional Staff Leadership Positions

8.1.1 The following positions shall be appointed in accordance with this By-law:

- ii. where the Professional Staff has been organized into Departments, Chiefs of Department.

8.1.2 The following positions may be appointed in accordance with procedures established through this By-law:

- ii. Deputy Chief of Department; and
- iii. Head of Division.

8.1.3

The Board shall appoint the Chief of Staff, who will be the Chair of the Medical Advisory Committee, and optionally the Vice Chair, in accordance with the Corporate By-law, Board Policies and Terms of Reference.

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

8.1.5 An appointment to any position referred to in subsections 8.1.1 or 8.1.2 may be made on an acting or interim basis where there is a vacancy in any office referred to in this section or while the person holding any such office is absent or unable to act.

8.1.6 An appointment to any position referred to in subsections 8.1.1 or 8.1.2 may be revoked at any time by the Board.

8.1.7 The Board, through a Search Committee, shall receive and consider the input of the appropriate Professional Staff before it makes an appointment to a Professional Staff leadership position.

8.2 Appointment of Chair of the Medical Advisory Committee

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

8.3 Responsibilities and Duties of Chair of the Medical Advisory Committee

8.3.1 The Chair of the Medical Advisory Committee shall:

- i. be an ex-officio non-voting member of the Board and accountable to the Board;
- ii. be an *ex-officio* member of all Medical Advisory Committee sub-committees; and
- iii. report regularly to the Board on the work and recommendations of the Medical Advisory Committee.

8.3.2 The Chair of the Medical Advisory Committee shall, in consultation with the Chief Executive Officer, designate an alternate to act during the absence of both the Chair of the Medical Advisory Committee and the Vice Chair of the Medical Advisory Committee, if any.

8.4 Appointment and Duties of Vice Chair of the Medical Advisory Committee

A member of the Medical Staff may be appointed as Vice Chair of the Medical Advisory Committee by the Board. The Vice Chair of the Medical Advisory Committee, if appointed, shall be a member of the Medical Advisory Committee and shall act in the place of the Chair of the Medical Advisory Committee if the Chair of the Medical Advisory Committee is absent or unable to act, and shall perform such duties as assigned from time to time by the Chair of the Medical Advisory Committee; provided that the Vice Chair shall not be a director of the Hospital unless appointed as Chair of the Medical Advisory Committee on an acting or interim basis in accordance with subsection 8.1.5.

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8.5 Appointment of Chiefs of Department

The Board shall appoint a Chief of each Department.

8.5.1 Subject to annual confirmation of the Board, an appointment to Chief of Department shall be for a term of five years. The same individual may be re-appointed for a continuous second term of five years, subject to a satisfactory internal review of the first five year term conducted under the auspices of the CME and Chief of Staff.

After 2 consecutive terms as Chief, there must be an external review of the department leadership.

Once the review is completed, the position of Chief will be advertised and the incumbent may apply for the position. The search committee would be informed by the results of the external review. If the incumbent Chief were the successful applicant for the position, the third term could be up to 5 years. The maximum number of consecutive terms would be three. If an incumbent finished two consecutive terms, then sat out for one 5 year period, they would be eligible to reapply for the same position in the future should it become available.

8.6 Duties of Chiefs of Department

8.6.1 A Chief of Department shall:

- i. be a member of the Medical Advisory Committee;
- ii. make recommendations to the Medical Advisory Committee regarding appointment, reappointment, change in privileges and any disciplinary action to which members of the Department should be subject;
- iii. advise the Medical Advisory Committee with respect to the quality of care provided by the Medical Staff, Dental Staff, Midwifery Staff and Nurse Practitioner Staff members of the Department;
- iv. be responsible for the organization and implementation of a quality assurance program in the department and cooperate with the Program Medical Director to ensure that it is integrated with the hospital-wide quality assurance measures;
- v. be responsible for the development and implementation of a human resources plan for the department/program/division that is approved by the Medical Advisory Committee and Board, and is consistent with the Board's strategic plan
- vi. conduct a written performance evaluation of all members of the Department on an annual basis as part of the reappointment process and conduct an enhanced performance evaluation on a periodic basis;
- vii. hold regular meetings of the Department;
- viii. delegate responsibility to appropriate members of the Department;
- ix. report to the Medical Advisory Committee and to the Department on the activities of the Department;
- x. perform such additional duties as may be outlined in the Chief of Department position description approved by the Board or as set out in the Policies and Procedures or as assigned by the Board, the Chief of Staff or the Medical Advisory Committee or Chief Executive Officer from time to time; and
- xi. in consultation with the Chief of Staff, designate an alternative to act during the absence of both the Chief of Department and the Deputy Chief of Department, if any.

8.7 Appointment and Duties of Deputy Chiefs of Departments

The Chief of a Department may appoint a Deputy Chief of Department. The Deputy Chief of Department, if appointed, is the delegate of the Chief of Department. The Deputy Chief of Department has responsibilities and duties similar to those of the Chief of Department as determined by the Chief of Department.

8.8 Appointment and Duties of Heads of Division

The Chief of a Department may appoint a Head of Division or may delegate to the Medical Advisory Committee the authority to appoint one or more Heads of Division. The Head of Division, if appointed, is the delegate of

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the Chief of the Department. The Head of the Division has responsibilities and duties similar to those of the Chief of the Department as determined by the Chief of the Department.

8.8.1 The term of appointment for Head of Division shall be for two years, and will be renewable subject to the recommendation of the Chief of Department.

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Article 9 Medical Advisory Committee

9.1 Composition of Medical Advisory Committee

9.1.1 The Medical Advisory Committee shall consist of the following voting members one of whom shall be the Chair in accordance with Section 8.2:

- i. the member(s) of the Medical Staff who is/are appointed by the Board as Chair [*and Vice Chair respectively*] of the Medical Advisory Committee;
- ii. the Chiefs of Department;
- iii. the President, Vice President and Secretary of the Professional Staff; and
- iv. such other members of the Medical Staff as may be appointed by the Board from time to time.

9.1.2 In addition, the following shall be entitled to attend the meetings of the Medical Advisory Committee without a vote:

- i. the Lead of the Midwifery Division;
- ii. the Lead of the Dental Division;
- ii. the Lead of the Nurse Practitioners;
- iii. the Chief Executive Officer;
- iv. the Chief Medical Executive;
- v. the Chief Nursing Executive; and
- vi. any Vice President of the Hospital.

9.2 Recommendations of Medical Advisory Committee

The Medical Advisory Committee shall consider and make recommendations and report to the Board, in accordance with the *Public Hospitals Act* and the regulations pertaining thereto, and the Professional Staff Policies and Procedures.

9.3 Medical Advisory Committee Duties and Responsibilities

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

9.3.1 make recommendations to the Board concerning the following matters:

- i. every application for appointment or reappointment to the Professional Staff and any request for a change in privileges with specific reference to
 - a. department/division membership
 - b. status of appointment
 - c. privileges
 - d. scope of practice related to procedures and utilization of hospital resourcesto be granted to each member of the Professional Staff;
- ii. the by-laws and Policies and Procedures respecting the Medical Staff, Dental Staff, Midwifery Staff and Nurse Practitioners;
- iii. the revocation, suspension or restrictions of privileges of any member of the Professional Staff;

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iv. the quality of care provided in the Hospital by the Medical Staff, Dental Staff, Midwifery Staff and Nurse Practitioners;

v. the human resources plan for each department/program/division that is consistent with the Board strategic plan;

9.3.2 supervise the clinical practice of Medicine, Dentistry, Midwifery and Nurse Practitioner in the Hospital;

9.3.3 appoint the Medical Staff members of all committees established under section 9.4;

9.3.4 receive reports of the committees of the Medical Advisory Committee;

9.3.5 advise the Board on any matters referred to the Medical Advisory Committee by the Board; and

Where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under subsection 2 (a) (v) of the Hospital Management Regulation (965) under the *Public Hospitals Act*, the Medical Advisory Committee shall make recommendations about those issues to the Board Quality of Care Committee established under subsection 3(1) of the *Excellent Care for All Act*.

9.4 Establishment of Committees of the Medical Advisory Committee

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

9.4.2 The terms of reference and composition for any standing or special sub-committees of the Medical Advisory Committee may be set out in the Policies and Procedures or in a resolution of the Board, on recommendation of the Medical Advisory Committee.

9.5 Quorum for Medical Advisory Committee and Sub-Committee Meeting

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

PRHC PROFESSIONAL STAFF BYLAWS

Article 10 Meetings – Professional Staff

10.1 Regular, Annual and Special Meetings of the Professional Staff

10.1.1 At least four (4) meetings of the Professional Staff will be held each year, one of which shall be the annual meeting.

10.1.2 The President of the Professional Staff may call a special meeting of the Professional Staff. Special meetings may be called by the President of the Professional Staff on the written request of any members of the Active/Associate Staff entitled to vote.

10.1.3 A written notification of each meeting of Professional Staff (including the annual meeting or any special meeting) shall be given by the Secretary of the Professional Staff to the Professional Staff at least fourteen (14) days in advance of the meeting by posting a notice of the meeting in a conspicuous place in the Hospital. Notice of special meetings shall state the nature of the business for which the special meeting is called.

10.1.4 The period of time required for giving notice of any special meeting may be waived in cases of emergency by the majority of those members of the Professional Staff present and entitled to voting at the special meeting, as the first item of business of the meeting.

10.2 Quorum

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

10.3 Rules of Order

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

10.4 Professional Staff Meetings

Meetings of the Professional Staff held in accordance with this Article shall be deemed to meet the requirement to hold meetings of the Professional Staff pursuant to the *Public Hospitals Act*

10.5 Attendance

Each member of the active and associate staff shall attend at least fifty per cent (50%) of the regular Professional Staff meetings.

PRHC PROFESSIONAL STAFF BYLAWS

Article 11 Officers of the Professional Staff

11.1 Officers of the Professional Staff

11.1.1 The provisions of this Article 12 with respect to the officers of the Professional Staff shall be deemed to satisfy the requirements of the *Public Hospitals Act* with respect to officers of the Professional Staff. For greater certainty, the President, Vice President and Secretary of the Professional Staff shall be deemed to be the President, Vice President and Secretary of the Professional Staff.

11.1.2 The officers of the Professional Staff will be:

- i. the President;
- ii. the Vice President;
- iii. the Secretary; and
- iv. such other officers as the Professional Staff may determine.

11.1.3 The officers of the Professional Staff shall be elected annually for a term of one year by a majority vote of the voting members of the Professional Staff in attendance and voting at a meeting of the Professional Staff.

11.1.4 The officers of the Professional Staff may serve a maximum of 4 years in each office. An officer may be re elected to the same position following a break in continuous service of at least one (1) year.

11.1.5 The officers of the Professional Staff may be removed from office prior to the expiry of their term by a majority vote of the voting members of the Professional Staff in attendance and voting at a meeting of the Professional Staff called for such purpose.

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

11.2 Eligibility for Office

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

11.3 Nominations and Election Process

11.3.1 A nominating committee shall be constituted through a process approved by the Professional Staff on recommendation of the officers of the Professional Staff.

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

11.3.3 Any further nominations shall be made in writing to the Secretary of the Professional Staff up to seven (7) days before the annual meeting of the Professional Staff.

11.4 President of the Professional Staff

11.4.1 The President of the Professional Staff shall:

- i. preside at all meetings of the Professional Staff;
- ii. act as a liaison between the Professional Staff, the Chief Executive Officer, and the Board with respect to matters concerning the Professional Staff
- iii. support and promote the values and strategic plan of the Corporation.
- iv. be a member of the Medical Advisory Committee; and

PRHC PROFESSIONAL STAFF BYLAWS

v. be an *ex-officio* Director of the Board and as a Director, fulfill fiduciary duties to the Corporation.

11.5 Vice President of the Professional Staff

11.5.1 The Vice President of the Professional Staff shall:

- i. in the absence or disability of the President of the Professional Staff, act in place of the President, perform his or her duties and possess his or her powers as set out in subsection 11.4;
- ii. perform such duties as the President of the Professional Staff may delegate to him or her;
- iii. be a member of the Medical Advisory Committee;
and
- iv. be an *ex-officio* Director of the Board and as a Director, fulfill fiduciary duties to the Corporation.

11.6 Secretary of the Professional Staff

11.6.1 The Secretary of the Professional Staff will:

- i. attend to the correspondence of the Professional Staff;
- ii. ensure notice is given and minutes are kept of Professional Staff meetings;
- iii. maintain the funds and financial records of the Professional Staff and provide a financial report at the annual meeting of the Professional Staff;
- iv. disburse funds at the direction of the Professional Staff, as determined by a majority vote of the Professional Staff members entitled to vote who are present and vote at a Professional Staff meeting;
- v. be a member of the Medical Advisory Committee; and
- vi. in the absence or disability of the Vice President of the Professional Staff perform the duties and possess the powers of the Vice President as set out in subsection 11.5.1.

11.7 Other Officers

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

PRHC PROFESSIONAL STAFF BYLAWS

Article 12 Amendments

12.1 Amendments to Professional Staff By-law

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

i. notice specifying the proposed By-law or amendments thereto shall be made available for review by the Professional Staff;

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

iii. the Medical Advisory Committee may make recommendations to the Board concerning the proposed amendment.

12.2 Repeal and Restatement

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

PRHC PROFESSIONAL STAFF BYLAWS

Notes to Articles

Key to Notes:

CA means the *Corporations Act*, R.S.O., 1990 c. C.38

PHA means the *Public Hospitals Act*, R.S.O. 1990 c. P.40

HMR means the *Hospital Management Regulation*, R.R.O. 1990, Reg. 965 under the *Public Hospitals Act*

s. refers to the section of the relevant statute or regulation

Guide to Good Governance means the Ontario Hospital Association's *Guide to Good Governance* published in 2015 (Third Edition)

Notes to Article 1 - Interpretation

Section Reference or Comment

1.1.3 HMR, s. 2 (3) (c), (d), (s); s. 4 (1) (b) (iv). See the notes to Article 8. A Hospital is required to have either a Chief of Staff or a Chair of the Medical Advisory Committee, each position being appointed by the Board. Where a Hospital has a Chief of Staff, the Chief of Staff chairs the Medical Advisory Committee. This By-law provides for a Chief of Staff.

1.1.5 If a Hospital does not designate its Chief Executive Officer as "President" this definition will need amendment.

1.1.7 Provisions with respect to the appointment of the Chief Nursing Executive are set out in the Prototype Corporate By-law.

1.1.8 If a Hospital does not have Departments this definition may be deleted. Corresponding amendments will need to be made throughout the By-law and in particular in Articles 7 and 8.

1.1.9 Delete in the case of a hospital whose by-laws do not provide for the position of chief of staff.

1.1.12 This definition may be deleted if a Hospital does not have Departments.

1.1.13 This definition may be deleted if a Hospital does not have Divisions.

1.1.14 This definition may be deleted if a Hospital does not have Divisions.

1.1.32 The By-law uses the definition "Professional Staff" to refer to the Medical Staff, Dental Staff, Midwifery Staff and the members of the Nurse Practitioner Staff. Please note that the Medical Advisory Committee does have certain responsibilities with respect to all members of the Nurse Practitioner Staff and certain responsibilities that relate only to the appointed members of the Nurse Practitioner Staff. See HMR, s. 7 (2.1). Prototype Board-Appointed Professional Staff By-law 31.

Notes to Article 2 - Policies and Procedures

Section Reference or Comment

2.1.1 HMR, s. 7 (2) (a) (vii)

2.1.2 The definition of Policies is broader than policies approved by the Board. Members of the Professional Staff are obliged to comply with all Policies. See section 6.8.

Notes to Article 3 - Appointment and Reappointment to Professional Staff

Section Reference or Comment

3.1 PHA, s. 36 and HMR, s. 4 (1) (c), 7 (2) (a) (i), (ii)

PRHC PROFESSIONAL STAFF BYLAWS

3.2 PHA, s. 37 (2), s. 39 (3)

The PHA does not provide for a process for the appointment of dentists, midwives and extended class nurses. The By-law provides a common process for all applicants for appointment to the Professional Staff.

3.5 PHA, s. 37

See also section 8.6.1 of the By-law.

Prototype Board-Appointed Professional Staff By-law 32

3.6 Previous versions of the by-laws referred to temporary staff as a category of staff. This By-law deletes the "temporary staff" category and creates a temporary appointment process. This is a process that allows for a temporary appointment and temporary privileges. Each Hospital will need to determine what level of verification of the qualifications of the applicant must be completed before a temporary appointment or temporary privileges are granted.

3.7 PHA, s. 37

3.7.2 (i) For more information on the credentialing process, see Chapter 3 of the *Guide to Good Governance*.

Notes to Article 4 - Monitoring, Suspension and Revocation

Section Reference or Comment

4.1 PHA, s. 34

The By-law will require modification for Hospitals without a Department structure.

Notes to Article 5 - Board Hearing

Section Reference or Comment

5.1 PHA, s. 39.

Notes to Article 6 - Professional Staff Categories and Duties

Section Reference or Comment

6.3.2 (ix) A Hospital will need to determine if its Associate Staff are to be voting or non-voting. See also Section 10.2 of the By-law.

6.7 HMR, s. 4 (1) (b) (ii)

Notes to Article 7 - Departments and Divisions

Reference or Comment

HMR, s. 4 (1) (b) (ii), (c)

Notes to Article 8 - Leadership Positions

Reference or Comment

HMR, s. 2 (3) (c), (d), 4 (1) (b) (iv)

PRHC PROFESSIONAL STAFF BYLAWS

8.1 If the Hospital elects to have a Chief of Staff, it must designate him or her as Chair of the Medical Advisory Committee.

8.3.1 (i) Delete if there is a Chief of Staff.

Notes to Article 9 - Medical Advisory Committee

Section Reference or Comment

9.1 PHA, s. 35 and HMR s. 7. The compositions of the Medical Advisory Committee may also include the Vice Chief of Staff/Chair of the Medical Advisory Committee where one is appointed.

Although the role of the Medical Advisory Committee includes supervision of the practice of dentistry, midwifery and Nurse Practitioner (in addition to medicine) the Medical Advisory Committee is required to be comprised of members of the medical staff and the Chief of the Dental Staff, if there is one. The By-law provides that the following may attend meetings of the Medical Advisory Committee without a vote: the Chief Executive Officer, Lead of the Midwifery Division, Lead of the Dental Division, Chief Nursing Executive, and any Vice President of the Hospital. PHA, s. 35(2), HMR, s. 7(1)(a) and (b).

For Hospitals that have implemented a common or joint Medical Advisory Committee with one or more other Hospitals, the By-law will need to reflect a membership structure for the Medical Advisory Committee that enables the common or joint structure.

9.2 HMR, s. 7 (5)

9.3 HMR, s. 7 (2)

9.4 HMR, s. 7 (2) (c)

Notes to Article 10 - Meetings of Professional Staff

Section Reference or Comment

10.1 HMR, s. 4 (1) (b) (iii), 6

Notes to Article 11 - Officers of the Professional Staff

Section Reference or Comment

11.1 HMR, s. 4 (1) (b) (iii), 6

11.1.4 Hospitals that do not wish to limit the term of service of the officers of the Professional Staff, should delete this subsection.

Notes to Article 12 - Amendments

Reference or Comment

HMR, s. 7 (2) (a) (iii)
Prototype Board-Appointed Professional Staff By-law 35