

**PRHC
PROFESSIONAL STAFF
BYLAWS**

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Professional Staff By-Law of Peterborough Regional Health Centre

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

Article 1 – Definitions and Interpretation

1.1 Definitions

In this By-law:

- (a) “**Board**” means the board of directors of PRHC;
- (b) “**By-law**” means this Professional Staff By-law;
- (c) “**Chief Executive Officer**” means the president and chief executive officer of PRHC, who is the ‘administrator’ for the purposes of the *Public Hospitals Act*.
- (d) “**Chief Medical Executive**” means the senior physician employed by PRHC to supervise the administrative activities associated with the Medical Advisory Committee, its committees, as well as policies and procedures in use at the PRHC. This role may have dual reporting relationships to the Chief Executive Officer and the chair of the Medical Advisory Committee;
- (e) “**Chief Nursing Executive**” means the senior nurse employed by PRHC, who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- (f) “**Chief of Department**” means the Professional Staff member appointed by the Board to serve as such in accordance with this By-law;
- (g) “**Chief of Staff**” means the Medical Staff member appointed by the Board to serve as such and chair of the Medical Advisory Committee in accordance with the *Public Hospitals Act* and this By-law;
- (h) “**College**” means, as the case may be, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario, and/or the College of Nurses of Ontario;
- (i) “**Credentials Committee**” means a subcommittee of the Medical Advisory Committee established by the Medical Advisory Committee and tasked with reviewing applications for appointment and reappointment to the Professional Staff, and applications for a change in privileges, and making recommendations to the Medical Advisory Committee on these matters;
- (j) “**day**” means a calendar day;
- (k) “**Dental Staff**” means:

- (i) oral and maxillofacial surgeons to whom the Board has granted the privilege of diagnosing, prescribing for, or treating patients in the Hospital; and
 - (ii) Dentists to whom the Board has granted the privilege of attending to patients in the Hospital.
- (l) “**Dentist**” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
 - (m) “**Department**” means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;
 - (n) “**Director**” means a member of the Board.
 - (o) “**Division**” means an organizational unit of a Department;
 - (p) “*Excellent Care for All Act*” means the *Excellent Care for All Act, 2010* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time;
 - (q) “*ex-officio*” means membership “by virtue of the office” and includes all rights, responsibilities, and powers to vote, unless otherwise specified;
 - (r) “**Head of Division**” means the Professional Staff member appointed to be in charge of a Division;
 - (s) “**Hospital**” means the public hospital operated by PRHC;
 - (t) “**Impact Analysis**” means a study conducted to determine the impact upon the resources of PRHC, including the impact upon the resources of a Department, of a proposed appointment of an applicant to the Professional Staff or an application by a Professional Staff member for additional privileges or a change in membership category;
 - (u) “**Medical Advisory Committee**” means the committee established under Article 10;
 - (v) “**Medical Staff**” means those Physicians appointed by the Board and granted privileges to practice medicine in the Hospital;
 - (w) “**Midwife**” means a midwife in good standing with the College of Midwives of Ontario;
 - (x) “**Midwifery Staff**” means those Midwives appointed by the Board and granted privileges to practice midwifery in the Hospital;
 - (y) “**Nurse Practitioner**” means a member in good standing with the College of Nurses of Ontario, who is a registered nurse and holds an extended certificate of registration under the *Nursing Act, 1991*.
 - (z) “**Nurse Practitioner Staff**” means those Nurse Practitioners who are:

- (i) employed by the Corporation and authorized to diagnose, prescribe for, or treat patients in the Hospital; and
 - (ii) not employed by the Corporation and to whom the Board has granted privileges to diagnose, prescribe for, or treat patients in the Hospital;
- (aa) **“Physician”** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
 - (bb) **“Policies”** means the policies and rules adopted by the Board, the Medical Advisory Committee, or the Chief of Department under Article 2;
 - (cc) **“PRHC”** means Peterborough Regional Health Centre.
 - (dd) **“Professional Staff”** means those Physicians, Dentists, Midwives, and Nurse Practitioners who are appointed by the Board and granted privileges to practice their profession in the Hospital;
 - (ee) **“Professional Staff Human Resources Plan”** means the plan or plans providing information and future projections on the management and appointment of the Professional Staff based on the mission and strategic plan of PRHC; and
 - (ff) **“Public Hospitals Act”** means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time.

1.2 Interpretation

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

1.3 Delegation of Duties

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

Article 2 – Policies

2.1 Policies

- (1) The Board, after considering the recommendation of the Medical Advisory Committee, may adopt Policies as it deems necessary applicable the Medical Staff, Dental Staff, Midwifery Staff, and Nurse Practitioner Staff.

- (2) The Medical Advisory Committee, after consulting with the Professional Staff, may make Policies applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Nurse Practitioner Staff that are consistent with this By-law and the Board-approved Policies.
- (3) The Chief of Department, after consulting with the Professional Staff of the Department, may adopt policies and procedures applicable to the Professional Staff of the Department, including policies and procedures that are consistent with, and support the implementation of, the Policies.

Article 3 – Appointment and Reappointment to Professional Staff

3.1 Appointment and Revocation

- (1) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Medical Staff, and may appoint a Dental Staff, Midwifery Staff, and Nurse Practitioner Staff and shall grant such privileges as it deems appropriate to each Professional Staff member so appointed.
- (2) All applications for appointment and reappointment to the Professional Staff shall be processed in accordance with the provisions of this By-law and/or the *Public Hospitals Act*.
- (3) The Board may, at any time, make or revoke any appointment to the Professional Staff, refuse to reappoint a Professional Staff member, or restrict or suspend the privileges of any Professional Staff member, in accordance with the provisions of this By-law and the *Public Hospitals Act*. For clarity, any privileges a Nurse Practitioner holds shall be suspended or revoked, as the case may be, upon the suspension or termination of their employment.

3.2 Term of Appointment

- (1) Subject to section 3.2(2), each appointment to the Professional Staff shall be for a term of up to one (1) year.
- (2) Where a Professional Staff member has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - (a) unless section 3.2(2)(b) applies, until the Board grants or does not grant the reappointment; or
 - (b) in the case of a Professional Staff member and where the Board does not grant the reappointment and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

3.3 Qualifications and Criteria for Appointment

- (1) Only an applicant who meets the qualifications and satisfies the criteria set out in this By-law and who is licensed pursuant to the laws of Ontario is eligible to be a member of and appointed to the Professional Staff.
- (2) The applicant shall have:
 - (a) a certificate of registration, and a certificate of professional conduct or letter of good standing from the relevant College, or the equivalent certificate(s), from their most recent licensing body;
 - (b) current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice;
 - (c) adequate training and experience for the privileges requested;
 - (d) maintained the level of continuing professional education required by the relevant College;
 - (e) up-to-date inoculations, screenings, and tests as may be required by the occupational health and safety policies and practices of PRHC, the *Public Hospitals Act*, or other legislation;
 - (f) a demonstrated ability to:
 - (i) provide patient care at an appropriate level of quality and efficiency;
 - (ii) meet an appropriate standard of ethical conduct and behaviour;
 - (iii) work and communicate with, and relate to, others in a co-operative, collegial, and professional manner; and
 - (iv) communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;
 - (g) demonstrated adequate control of any significant physical or behavioural impairment affecting skill, attitude, or judgment that might impact negatively on patient care or the operations of PRHC; and
 - (h) a willingness to participate in the discharge of staff, committee, and, if applicable, teaching responsibilities, and other duties appropriate to staff category.
- (3) All applicants must agree to govern themselves in accordance with the requirements set out in this By-law, PRHC's mission, vision, and values, and Policies.
- (4) All new appointments shall be contingent upon an Impact Analysis demonstrating that PRHC 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.

- (5) In addition to any other provisions of the By-law, including the qualifications set out in sections 3.3(2), 3.3(3), and 3.3(4), the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:
 - (a) the appointment is not consistent with the need for service, as determined by the Board;
 - (b) the Professional Staff Human Resources Plan and/or the Impact Analysis does not demonstrate sufficient resources to accommodate the applicant; or
 - (c) the appointment is not consistent with the mission and strategic plan of PRHC.

3.4 Application for Appointment

- (1) The Chief Executive Officer shall supply a copy of, or information on how to access, a form of the application, and the mission, vision, values, and strategic plan of PRHC, the By-law and the appropriate Policies, to each Physician, Dentist, Midwife, or Nurse Practitioner who expresses in writing an intention to apply for appointment to the Professional Staff.
- (2) An applicant for appointment to the Professional Staff shall submit to the Chief Executive Officer one original application in the prescribed form, together with signed consents, to enable PRHC to make inquiries of the relevant College and other hospitals, institutions, and facilities where the applicant has previously provided professional services or received professional training to allow PRHC to fully investigate the qualifications and suitability of the applicant.
- (3) An applicant may be required to visit PRHC for an interview with appropriate Professional Staff members and the Chief Executive Officer.
- (4) The Board shall approve the prescribed form of application for appointment, re-appointment, and change in privileges after receiving the recommendation of the Medical Advisory Committee.

3.5 Procedure for Processing Applications for Appointment

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

- (a) review all materials in the application and ensure all required information has been provided;
 - (b) investigate the qualifications, experience, professional reputation, and competence of the applicant, and consider if the criteria required by this By-law are met;
 - (c) receive the recommendation of the relevant Chief(s) of Department; and
 - (d) submit a report of its assessment and recommendations to the Medical Advisory Committee at its next regular meeting, together with a recommendation that the application is acceptable, not acceptable, or is deferred for further investigation. In the case of a recommendation for acceptance, the Credentials Committee shall indicate the privileges that it recommends the applicant be granted.
- (3) The Medical Advisory Committee shall:
- (a) receive and consider the report and recommendations of the Credentials Committee;
 - (b) review the application with reference to the Professional Staff Human Resources Plan and Impact Analysis; and
 - (c) send, within sixty (60) days of the date of receipt by the Chief Executive Officer of a completed application, written notice of its recommendation to the Board and to the applicant, in accordance with the *Public Hospitals Act*.
- (4) The Medical Advisory Committee may make its recommendation to the Board later than sixty (60) days after receipt of a completed application, provided that, within the 60-day period, it advises the applicant and the Board in writing that a final recommendation cannot be made within the 60-day period and gives written reasons for it.
- (5) Where the Medical Advisory Committee recommends the appointment, it shall specify the category of appointment and the privileges it recommends the applicant be granted.
- (6) Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that they are entitled to:
- (a) written reasons for the recommendation, if the Medical Advisory Committee receives a written request for the reasons from the applicant within seven (7) days of the applicant's receipt of notice of the recommendation; and
 - (b) a Board hearing, if the Board and the Medical Advisory Committee receive a written request for a Board hearing from the applicant within seven (7) days of the applicant's receipt of the written reasons referred to in section 3.5(6)(a).

- (7) Where the applicant does not request a Board hearing within seven (7) days of the applicant's receipt of the written reasons referred to in section 3.5(6)(a), the Board may implement the recommendation of the Medical Advisory Committee.
- (8) Where the applicant requests a Board hearing, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article 5.
- (9) The Board shall consider the Medical Advisory Committee recommendations within the timeframe specified by the *Public Hospitals Act*.
- (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 the Professional Staff Human Resources Plan, Impact Analysis, strategic plan, and PRHC's ability to operate within its resources.

3.6 Temporary Appointment

- (1) Notwithstanding any other provision of this By-law, the Chief Executive Officer, after consulting with the Chief of Staff, may:
 - (a) grant a temporary appointment and temporary privileges to a Physician, Dentist, Midwife, or Nurse Practitioner provided that the appointment shall not extend beyond the date of the next Medical Advisory Committee meeting at which time the action taken shall be reported; and
 - (b) continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee until the next Board meeting.
- (2) A temporary appointment may be made for any reason, including:
 - (a) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - (b) to meet an urgent unexpected need for a medical, dental, midwifery, or extended class nursing service.
- (3) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted under section 3.6(1) for such period of time and on such terms as the Board determines.
- (4) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- (5) The temporary appointment shall specify the category of appointment and any limitations, restrictions, or special requirements.

3.7 Reappointment

- (1) Each year, each Professional Staff member desiring reappointment to the Professional Staff shall make a written application for reappointment on the prescribed form through the Chief Executive Officer to the Board before the date specified by the Medical Advisory Committee.
- (2) Each application for reappointment to the Professional Staff shall contain the following information:
 - (a) a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Policies;
 - (b) either:
 - (i) a declaration that all information on file at PRHC from the applicant's most recent application is up-to-date, accurate, and unamended as of the date of the current application; or
 - (ii) a description of all material changes to the information on file at PRHC since the applicant's most recent application, including: any additional professional qualifications acquired by the applicant since the previous application and information regarding:
 1. the commencement of any:
 - a. College investigation or proceeding or an investigation or proceeding of any other regulatory college of a health profession;
 - b. investigation or proceeding before the Information and Privacy Commissioner of Ontario; or
 - c. investigation by another hospital or employer into allegations of professional misconduct, incompetence, or incapacity;
 2. any discipline imposed or finding of misconduct made by a College or any other regulatory college of a health profession;
 3. any change in the member's licence to practise made by a College or any other regulatory college of a health profession, or any change in professional practice liability coverage;
 4. any finding of professional negligence; and
 5. any restriction, suspension, or revocation of privileges at another hospital, or any resignation of hospital privileges related to or taking

place in the course of an investigation into allegations of professional misconduct, incompetence, or incapacity.

- (c) the category of appointment requested and a request for either the continuation of, or any change in, existing privileges;
 - (d) if requested, a current certificate of professional conduct or equivalent from the relevant College;
 - (e) confirmation that the member has complied with the disclosure duties set out in section 6.6(d); and
 - (f) such other information that the Board may require respecting competence, capacity, and conduct, after considering the recommendation of the Medical Advisory Committee.
- (3) The relevant Chief(s) of Department shall review and make recommendations concerning each application for reappointment within that Department to the Medical Advisory Committee.
- (4) In the case of any application for reappointment in which the applicant requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
- (5) Applications for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 3.5 of this By-law.

3.8 Qualifications and Criteria for Reappointment

- (1) To be eligible for reappointment, the applicant shall:
- (a) continue to meet the qualifications and criteria set out in section 3.3;
 - (b) have conducted themselves in compliance with this By-law, and PRHC's values and Policies; and
 - (c) have demonstrated appropriate use of Hospital resources in accordance with the Professional Staff Human Resources Plan and the Policies.

3.9 Application for Change of Privileges

- (1) Each Professional Staff member who wishes to change their privileges shall submit to the Chief Executive Officer an application on the prescribed form listing the change of privileges requested, and provide evidence of appropriate training and competence, and such other matters as the Board may require.
- (2) The Chief Executive Officer shall retain a copy of each application received and shall refer the original application forthwith to the Medical Advisory Committee, through the Chief

of Staff, who shall then refer the original application forthwith to the chair of the Credentials Committee, with a copy to the relevant Chief of Department.

- (3) The Credentials Committee shall investigate the applicant's professional competence, verify their qualifications for the privileges requested, receive the report of the Chief of Department, and prepare and submit a report of its findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of privileges, if any, that it recommends that the applicant be granted.
- (4) The application shall be processed in accordance with the requirements of sections 3.8 and sections 3.5(3) to 3.5(10) of this By-law.

3.10 Leave of Absence

- (1) Upon request of a Professional Staff member to the relevant Chief of Department, the Chief of Staff may grant a leave of absence after receiving the recommendation of the Medical Advisory Committee:
 - (a) in the event of extended illness or disability of the member, or
 - (b) in other circumstances acceptable to the Board, upon recommendation of the Chief of Staff.

A leave of absence granted shall not extend beyond twelve (12) months unless the Chief of Staff determines that rare and exceptional circumstances warrant such an extension.

- (2) After returning from a leave of absence granted in accordance with section 3.10(1), the Professional Staff member may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff. The Chief of Staff may impose such conditions on the privileges granted to the member as appropriate.
- (3) Following a leave of absence of longer than twelve (12) months, a Professional Staff member shall be required to make a new application for appointment or reappointment to the Professional Staff in the manner and subject to the criteria set out in this By-law.

3.11 Resignation

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

Article 4 – Monitoring, Suspension, and Revocation

4.1 Monitoring Practices and Transfer of Care

- (1) The Chief of Staff or relevant Chief of Department may review any aspect of patient care or Professional Staff conduct in PRHC without the consent of the Professional Staff member responsible for the care or conduct. Where the care or conduct involves an Nurse Practitioner Staff member, the Chief Nursing Executive may also review the care or conduct.
- (2) Where any Professional Staff member or PRHC staff reasonably believes that a Professional Staff member is incompetent, attempting to exceed their privileges, incapable of providing a service that they are about to undertake, or acting in a manner that exposes or is reasonably likely to expose any patient, healthcare provider, employee, or any other individual at PRHC, to harm or injury, the individual shall immediately communicate that belief to the Chief of Staff, relevant Chief of Department, or Chief Executive Officer, so that appropriate action can be taken. Where the communication relates to an Nurse Practitioner Staff member, it may also be communicated to the Chief Nursing Executive.
- (3) The Chief of a Department, on notice to the Chief of Staff, where they believe it to be in the patient's best interests, shall have the authority to examine the condition and scrutinize the treatment of any patient in their 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, notice shall be given as soon as possible.
- (4) If the Chief of Staff or Chief of Department becomes aware that, in their opinion a serious problem exists in the diagnosis, care, or treatment of a patient, the Chief of Staff or Chief of Department, as applicable, shall immediately discuss the condition, diagnosis, care, and treatment of the patient with the attending Professional Staff member. If changes in the diagnosis, care, or treatment satisfactory to the Chief of Staff or Chief of Department are not made, they shall immediately assume the duty of investigating, diagnosing, prescribing for, and treating the patient.
- (5) Where the Chief of Staff or Chief of Department has cause to take over the care of a patient, the Chief Executive Officer, Chief of Staff, or Chief of Department, and one other Medical Advisory Committee member, the attending Professional Staff member, and the patient or the patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chief of Staff or Chief of Department shall file a written report with the Medical Advisory Committee within forty-eight (48) hours of their action.
- (6) Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff or Chief of Department who has taken action under section 4.1(4) that the action was necessary, the Medical Advisory Committee shall forthwith make a written report to the Chief Executive Officer and the Board of the problem and the action taken.

4.2 Revocation of Appointment or Restriction or Suspension of Privileges

- (1) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke any appointment of a Professional Staff member, or restrict or suspend the privileges of a Professional Staff member.
- (2) Any administrative or leadership appointment of the Professional Staff member shall automatically terminate upon the revocation of appointment, or restriction or suspension of privileges, unless otherwise determined by the Board.
- (3) Where, by reason of incompetence, negligence, or misconduct, a Professional Staff member's:
 - (a) application for appointment or reappointment is denied;
 - (b) appointment is revoked; or
 - (c) privileges are restricted or suspended; or
 - (d) a Professional Staff member resigns from the Professional Staff during the course of an investigation into their competence, negligence, or misconduct,

the Chief Executive Officer shall prepare and forward a detailed written report to the relevant College within thirty (30) days

- (4) If a written report to is made to a College:
 - (a) because of a Professional Staff member's unauthorized collection, use, disclosure, retention, or disposal of personal health information; or
 - (b) because the Professional Staff member relinquishes or voluntarily restricts their privileges in relation to an investigation with respect to unauthorized collection, use, disclosure, retention, or disposal of personal health information,

the Chief Executive Officer shall also prepare and forward a written report to the Information and Privacy Commissioner of Ontario.

4.3 Immediate Action

- (1) The Chief Executive Officer, Chief of Staff, or Chief of Department may temporarily restrict or suspend the privileges of any Professional Staff member, in circumstances where in their opinion the member's conduct, performance, or competence:
 - (a) exposes or is reasonably likely to expose any patient, Professional Staff member, employee, any other individual at PRHC to harm or injury; or
 - (b) is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within PRHC,

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

- (2) Before the Chief Executive Officer, Chief of Staff, or Chief of Department takes action authorized in section 4.3(1), they shall first consult with one of the other of them. If prior consultation is not possible or practicable under the circumstances, the individual who takes the action shall immediately provide notice to the others. The individual who takes the action shall forthwith submit a written report on the action taken with all relevant materials and information to the Medical Advisory Committee.

4.4 Non-Immediate Action

- (1) The Chief Executive Officer, Chief of Staff, or Chief of Department may recommend to the Medical Advisory Committee that the appointment of any Professional Staff member be revoked or that their privileges be restricted or suspended in any circumstances where in their opinion the Professional Staff member's conduct, performance, or competence:
 - (a) fails to meet or comply with the criteria for annual reappointment;
 - (b) exposes or is reasonably likely to expose any patient, Professional Staff member, employee, PRHC or any other individual at PRHC to harm or injury;
 - (c) is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within PRHC or impact negatively on the operations of PRHC;
or
 - (d) fails to comply with PRHC's by-laws or Policies, the *Public Hospitals Act*, or any other relevant law.
- (2) Before making a recommendation under section 4.4(1), an investigation may be conducted. Where an investigation is conducted, it may be assigned to an individual or committee within PRHC other than the Medical Advisory Committee or an external consultant.

4.5 Referral to Medical Advisory Committee for Recommendations

- (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 Professional Staff member under section 4.4, the following process shall be followed:
 - (a) the Chief of Department of which the individual is a member or an appropriate alternate designated by the Chief of Staff or Chief Executive Officer shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation made, as the case may be, with all relevant materials and information;

- (b) a date for consideration of the matter shall be set not more than twenty-one (21) days from the time the written report is received by the Medical Advisory Committee;
 - (c) as soon as possible and in any event at least three (3) days before the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:
 - (i) the time, date, and place of the meeting;
 - (ii) the purpose of the meeting; and
 - (iii) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.
- (2) The date for the Medical Advisory Committee to consider the matter under section 4.5(1)(b) may be extended by:
- (a) an additional seven (7) days in the case of a referral under section 4.3; or
 - (b) any number of days in the case of a referral under section 4.4,
- if the Medical Advisory Committee considers it necessary to do so.
- (3) The Medical Advisory Committee may:
- (a) set aside the restriction or suspension of privileges; or
 - (b) recommend to the Board a revocation of the appointment, or a restriction or suspension of privileges, on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a subcommittee of the Medical Advisory Committee.
- (4) If the Medical Advisory Committee recommends the continuation of the restriction or suspension of privileges or a revocation of appointment and/or makes further recommendations on the matters considered at its meeting, the Medical Advisory Committee shall, within twenty-four (24) hours of the Medical Advisory Committee meeting, provide the member with written notice of the Medical Advisory Committee's recommendation.
- (5) The written notice shall inform the member that they are entitled to:
- (a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the member's receipt of the notice of the recommendation; and

- (b) a Board hearing if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the member's receipt of the written reasons requested.
- (6) If the member requests written reasons for the recommendation under section 4.5(5), the Medical Advisory Committee shall provide the written reasons to the member as soon as practicable but in any event within seven (7) days of receipt of the request.

Article 5 – Board Hearing

5.1 Board Hearing

- (1) A Board hearing shall be held when one of the following occurs:
 - (a) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment, or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or
 - (b) the Medical Advisory Committee makes a recommendation to the Board that the privileges of a Professional Staff member be restricted or suspended, or an appointment be revoked, and the member requests a hearing.
- (2) The Board shall name a time, date, and place for the hearing.
- (3) The Board hearing shall be held:
 - (a) in the case of immediate restriction or suspension of privileges, within seven (7) days of the date the member requests the hearing under section 5.1(1);
 - (b) in the case of non-immediate restriction or suspension of privileges, subject to section 5.1(4), as soon as practicable but not later than twenty-eight (28) days after the Board receives the written notice from the member requesting the hearing.
- (4) The Board may extend the time for the hearing date if it considers an extension appropriate.
- (5) The Board shall give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least five (5) days before the hearing date.
- (6) The notice of the Board hearing shall include:
 - (a) the time, date, and place of the hearing;
 - (b) the purpose of the hearing;
 - (c) a statement that the applicant or member and Medical Advisory Committee shall be afforded an opportunity to examine, before the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;

- (d) a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses, and tender documents in evidence in support of their case;
 - (e) a statement that the Board may extend the time for the hearing on the application of any party; and
 - (f) a statement that if the applicant or member does not attend the hearing, the Board may proceed in the absence of the applicant or member, and the applicant or member shall not be entitled to any further notice in the hearing.
- (7) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee, and such other persons as the Board may specify.
 - (8) The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, before the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence.
 - (9) Members of the Board holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
 - (10) 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*.
 - (11) No member of the Board shall participate in a Board decision pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no Board decision shall be given unless all members so present participate in the decision.
 - (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 the considerations set out in sections 3.3, 3.8, and 3.9 respectively.
 - (13) A written copy of the Board decision shall be provided to the applicant or member and to the Medical Advisory Committee.
 - (14) Service of a notice to the parties may be made personally, by electronic means, or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third (3rd) day after the day of mailing unless the person to be served establishes that they did

not, acting in good faith, through absence, accident, illness, or other causes beyond their control, receive it until a later date.

Article 6 – Professional Staff Categories and Duties

6.1 Professional Staff Categories

- (1) The Medical Staff, Dental Staff, Midwifery Staff, and Nurse Practitioner Staff shall be divided into the following categories:
 - (a) Active;
 - (b) Associate;
 - (c) Courtesy;
 - (d) Locum Tenens; and
 - (e) such other categories as the Board may determine after considering the recommendation of the Medical Advisory Committee.

6.2 Active Staff

- (1) The Active Staff shall consist of those Physicians, Dentists, Midwives, and Nurse Practitioners whom the Board appoints to the Active Staff and who have completed satisfactory service as Associate Staff for at least one (1) year, or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
- (2) Each Active Staff member shall:
 - (a) have admitting privileges unless otherwise specified in their appointment;
 - (b) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - (c) be responsible to the Chief(s) of Department to which they have been assigned for all aspects of patient care;
 - (d) act as a supervisor of other Medical Staff, Dental Staff, Midwifery Staff, or Nurse Practitioner Staff when requested by the Chief of Staff or the Chief(s) of the Department to which they have been assigned;
 - (e) fulfil such on-call requirements as may be established for each Department or Division in accordance with the Professional Staff Human Resource Plan and Policies; and
 - (f) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Department.

6.3 Associate Staff

- (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.
- (2) Each Associate Staff member shall:
 - (a) have admitting privileges unless otherwise specified in their appointment;
 - (b) undertake such duties in respect of patients as may be specified by the Chief of Staff and, if appropriate, by the Chief(s) of the Department to which they have been assigned;
 - (c) fulfil such on-call requirements as may be established for each Department or Division in accordance with the Professional Staff Human Resources Plan and the Policies; and
 - (d) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Department.
- (3) At twelve-month intervals following the appointment of an Associate Staff member to the Professional Staff, the Chief of the relevant Department, Division Head, or delegate shall complete a performance evaluation and shall make a written report to the Chief of Staff on:
 - (i) the knowledge and skill that has been shown by the Associate Staff member;
 - (ii) the nature and quality of their work in PRHC; and
 - (iii) their performance and compliance with the criteria set out in section 3.3(2).
- (4) The Chief of Staff shall forward such report to the Credentials Committee.
- (5) Upon receipt of the report, the Credentials Committee shall review the appointment of the Associate Staff member and make a recommendation to the Medical Advisory Committee.
- (6) If any report is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend that their appointment be terminated.
- (7) No Associate Staff member shall be recommended for appointment to the Active Staff unless they have been an Associate Staff member for at least one (1) year.
- (8) In no event shall an appointment to the Associate Staff be continued for more than two (2) years.

6.4 Courtesy Staff

- (1) The Courtesy Staff shall consist of those Physicians, Dentists, Midwives, and Nurse Practitioners whom the Board appoints to the Courtesy Staff in one or more of the following circumstances:
 - (a) the applicant meets a specific service need of PRHC; or
 - (b) where the Board deems it advisable and in the best interests of PRHC.
- (2) Courtesy Staff members shall:
 - (a) have such limited privileges as may be granted by the Board on an individual basis;
 - (b) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board; and
 - (c) be responsible to the Chief of Department to which they have been assigned for all aspects of patient care.

6.5 Locum Tenens Staff

- (1) The Locum Tenens Staff shall consist of those Physicians, Dentists, Midwives, and Nurse Practitioners whom the Board appoints to the Locum Tenens Staff in order to meet specific clinical needs for a defined period of time in one or more of the following circumstances:
 - (a) to be a planned replacement for a Professional Staff member for a specified period of time;
 - (b) to address a vacancy for which no suitable long-term applicant is available;
 - (c) to provide episodic or limited surgical or consulting services, or
 - (d) when, within the context of a formal recruitment process for a declared vacancy, there is a desire to assess an appropriate candidate's suitability and/or to allow a candidate to experience working for PRHC.
- (2) The period of appointment shall be for a term of up to twelve (12) months and may be subject to renewal.
- (3) A Locum Tenens Staff member shall:
 - (a) have admitting privileges unless otherwise specified in their appointment;
 - (b) work under the supervision of an Active Staff member assigned by the Chief of Staff;
 - (c) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;

- (d) undertake such duties in respect of Patients as may be specified by the Chief of Staff and, if appropriate, by the Chief of the Department to which they have been assigned;
- (e) fulfil such on-call requirements as may be established for each Department or Division in accordance with the Professional Staff Human Resources Plan and the Policies; and
- (f) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Department.

6.6 Duties of Professional Staff

(1) Each Professional Staff member:

- (a) is accountable to and shall recognize the authority of the Board through and with the Chief of Staff, Chief of Department, and Chief Executive Officer;
- (b) shall co-operate with and respect the authority of:
 - (i) the Chief of Staff and the Medical Advisory Committee;
 - (ii) the Chiefs of Department;
 - (iii) the Heads of Division; and
 - (iv) the Chief Executive Officer;
- (c) shall perform the duties, undertake the responsibilities, and comply with the provisions set out in this By-law and the Policies including PRHC's code of conduct and privacy, harassment, and bullying policies;
- (d) shall immediately advise the Chief of Staff and Chief Executive Officer of:
 - (i) the commencement of any:
 1. College investigation or proceeding or an investigation or proceeding of any other regulatory college of a health profession;
 2. investigation or proceeding before the Information and Privacy Commissioner of Ontario; or
 3. investigation by another hospital or employer into allegations of professional misconduct, incompetence, or incapacity;
 - (ii) any discipline imposed or finding of misconduct made by a College or any other regulatory college of a health profession;

- (iii) any change in the member's licence to practise made by a College or any other regulatory college of a health profession, or any change in professional practice liability coverage;
 - (iv) any finding of professional negligence; and
 - (v) any restriction, suspension, or revocation of privileges at another hospital, or any resignation of hospital privileges related to or taking place in the course of an investigation into allegations of professional misconduct, incompetence, or incapacity.
- (2) perform such other duties as may be prescribed from time to time by, or under the authority of, the Board, the Medical Advisory Committee, the Chief of Staff, or Chief of Department.
 - (3) If the Chief of Staff and/or Chief of Department request(s) a meeting with a Professional Staff member for the purpose of interviewing that Professional Staff member about any matter, the Professional Staff member shall attend the interview at a mutually agreeable time within fourteen (14) days of the request. If the Professional Staff member so requests, they may bring a representative with them to the meeting. The Chief of Staff and/or Chief of Department may extend the date for attendance at the interview at their discretion. If requested by the Chief of Staff and/or Chief of Department, the Professional Staff member attending the meeting shall provide any relevant documents requested by the Chief of Staff and/or Chief of Department for discussion at the meeting.

Article 7 – Departments and Divisions

7.1 Departments

- (1) The Board may organize the Professional Staff into Departments after considering the recommendation of the Medical Advisory Committee.
- (2) The Board shall appoint each Professional Staff member to a minimum of one (1) of the Departments. Appointment may extend to one or more additional Departments.

7.2 Divisions

The Board may divide a Department into Divisions after considering the recommendation of the Medical Advisory Committee.

7.3 Changes to Departments and Divisions

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

7.4 Department Meetings

- (a) Each Department and Division shall adopt its own practice for the function and organization of meetings.
- (b) Each Professional Staff member shall attend at least 70% of the meetings of the Department(s) of which they are a member.
- (c) Each Professional Staff member shall attend at least 70% of the meetings of the Division(s) of which they are a member.
- (d) Failure by a Professional Staff member to attend the required number of Department and Division meetings in any calendar year shall be reported to the Medical Advisory Committee.

7.5 Professional Staff Human Resources Plan

- (1) Each Department, Division and Professional Staff category (where applicable) shall develop a Professional Staff Human Resources Plan. The plans 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. Each Plan shall include,
 - (a) the required number and expertise of the Professional Staff to meet the service and performance demands for clinical care at the Hospital, including, but limited to, most responsible physician coverage and response time for consultations wait times;
 - (b) a schedule of skills and expertise, as well as succession plan, for continuity of services and programs at the Hospital;
 - (c) reasonable on-call requirements for members of the Professional Staff of the Department;
 - (d) a process for equitably distributing changes of resources to the members of the Professional Staff within the Department;
 - (e) a process for making decisions with respect to changes in the Department resources; and
 - (f) a dispute resolution process regarding decisions made under section 7.5(1)(e).

Article 8 – Leadership Positions

8.1 General

- (1) The Board may appoint an individual on an acting or interim basis where there is a vacancy in any office referred to in this Article or while the person holding any such office is absent or unable to act.
- (2) If the term of office of any medical leader expires before a successor is appointed, the Board may extend the appointment of the incumbent.
- (3) Subject to annual confirmation by the Board, the appointment of a medical leader shall be for a term of up to five (5) years.
- (4) If a medical leader has served for at least two (2) consecutive terms in a position, an external review of the position shall be conducted prior to determining who shall be appointed to the position for the subsequent term. The incumbent medical leader may only be reappointed for a subsequent term if the Board is satisfied with the results of the external review and determines that a change in leadership is not in the best interests of the Hospital.
- (5) The Board shall receive and consider the input of the appropriate Professional Staff members before it makes an appointment to a Professional Staff leadership position.
- (6) The Board may revoke any appointment to any position referred to in this Article at any time.

8.2 Chief of Staff

- (1) The Board shall appoint a Chief of Staff after considering the recommendation of the Medical Advisory Committee.
- (2) The Chief of Staff shall:
 - (a) be an *ex-officio* Director and as a Director, fulfill fiduciary duties to PRHC;
 - (b) be the *ex-officio* chair of the Medical Advisory Committee;
 - (c) be an *ex-officio* member of all Medical Advisory Committee subcommittees;
 - (d) report regularly to the Board on the work and recommendations of the Medical Advisory Committee; and
 - (e) perform such additional duties as may be outlined in the Board-approved Chief of Staff position description, or as set out in the Policies, or as assigned by the Board.
- (3) The Chief of Staff shall, in consultation with the Chief Executive Officer, designate an alternate to act during their absence.

8.3 Chiefs of Department

- (1) The Board shall appoint a Chief of each Department.
- (2) A Chief of Department shall:
 - (a) be an *ex-officio* member of the Medical Advisory Committee;
 - (b) make recommendations to the Medical Advisory Committee on appointment, reappointment, change in privileges, and any disciplinary action to which Department members should be subject;
 - (c) advise the Medical Advisory Committee through and with the Chief of Staff on the quality of care provided to patients of the Department;
 - (d) review and make recommendations to the Medical Advisory Committee on the performance evaluations of Department members annually as part of the reappointment process and conduct an enhanced performance evaluation on a periodic basis;
 - (e) hold regular Department meetings;
 - (f) delegate responsibility to appropriate Department members;
 - (g) report to the Medical Advisory Committee and to the Department on the activities of the Department;
 - (h) perform such additional duties as may be outlined in the Board-approved Chief of Department position description, or as set out in the Policies, or as assigned by the Board, Chief of Staff, Medical Advisory Committee, or Chief Executive Officer; and
 - (i) in consultation with the Chief of Staff, designate an alternate to act during their absence.

8.4 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.

8.5 Heads of Division

- (1) 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.
- (2) The Head of Division shall:

- (a) be responsible to the Board through the Chief of the Department and Chief of Staff for the quality of care rendered to patients in their Division; and
- (b) perform all of the duties as may be assigned by the Board, Chief of Staff, or Chief of Department, or as set out in a Board-approved position description.

Article 9 – Medical Advisory Committee

9.1 Composition

- (1) The Medical Advisory Committee shall consist of the following members, each of whom shall have one (1) vote:
 - (a) the Chief of Staff, who shall be the chair;
 - (b) the Chiefs of Department;
 - (c) the president, vice president, and secretary of the Professional Staff; and
 - (d) such other Medical Staff members as the Board may appoint on the recommendation of the Chief of Staff and/or Chief Executive Officer.
- (2) In addition, the following individuals shall be entitled to attend Medical Advisory Committee meetings without a vote:
 - (a) the Head of the Midwifery Division;
 - (b) the Head of the Dental Division;
 - (c) the Head of the Nurse Practitioner Division;
 - (d) the Chief Executive Officer;
 - (e) the Chief Medical Executive;
 - (f) the Chief Nursing Executive; and
 - (g) the vice president(s) of PRHC, if any.

9.2 Recommendations

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

9.3 Duties and Responsibilities

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

- (a) make recommendations to the Board on the following matters:
 - (i) every application for appointment or reappointment to the Professional Staff, and any request for a change in privileges;
 - (ii) the privileges to be granted to each Professional Staff member;
 - (iii) this By-law and the Policies;
 - (iv) the revocation of appointment or the suspension or restriction of privileges of any Professional Staff member; and
 - (v) the quality of care provided in the Hospital by the Medical Staff, Dental Staff, Midwifery Staff, and Nurse Practitioner Staff;
- (b) supervise the hospital practice and behaviours of the Professional Staff in the Hospital;
- (c) appoint the Medical Staff members of all Medical Advisory Committee subcommittees;
- (d) receive reports of the Medical Advisory Committee subcommittees;
- (e) advise the Board on any matters that it refers to the Medical Advisory Committee; and
- (f) where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under section 2(a)(v) of the Hospital Management Regulation under the *Public Hospitals Act*, make recommendations about those issues to the Hospital's quality committee established under the *Excellent Care for All Act*.

9.4 Subcommittees

- (1) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special subcommittees of the Medical Advisory Committee as may be necessary or advisable for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or this By-law.
- (2) The terms of reference and composition for any standing or special subcommittees of the Medical Advisory Committee may be set out in the Policies or in a Board resolution, on the recommendation of the Medical Advisory Committee. The Medical Advisory Committee shall appoint the chair and members of any Medical Advisory Committee subcommittee.
- (3) In addition to the specific duties of each subcommittee of the Medical Advisory Committee, all subcommittees shall:

- (a) meet as directed by the Medical Advisory Committee to complete its assigned activities; and
- (b) provide, at least annually or upon request of the Medical Advisory Committee, a written report to the Medical Advisory Committee summarizing its meetings and any of its recommendations or findings.

9.5 Quorum

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

9.6 Meetings

- (1) The Medical Advisory Committee shall hold at least ten (10) meetings each year.
- (2) Unless otherwise required by applicable law, motions arising at any Medical Advisory Committee meeting or subcommittee meeting shall be decided by consensus of the voting members present. Consensus will be considered to have been reached when no voting member objects to the subject matter of the motion before the meeting. If the chair of the meeting determines that the sense of the meeting is that consensus will not be reached, then the motion shall be decided by a majority of the votes cast. In such cases, the chair of the meeting shall be entitled to cast a second, or tie-breaking, vote in the event of a tie.
- (3) A Medical Advisory Committee or subcommittee meeting may be held in person, virtually or by telephone, or a combination thereof. A vote may be taken by show of hands, voice vote, or other electronic means of voting.

Article 10 – Professional Staff Meetings

10.1 Annual, Regular, and Special Meetings

- (1) The Professional Staff shall hold at least four (4) regular meetings in each fiscal year of PRHC, one (1) of which shall be the annual meeting, at a time and place fixed by the Professional Staff officers.
- (2) The president of the Professional Staff may call a special meeting. The president of the Professional Staff shall call a special meeting on the written request of any three (3) Active Staff and/or Associate Staff members entitled to vote.
- (3) The secretary of the Professional Staff shall give written notice of each Professional Staff meeting (including the annual meeting or any special meeting) to the Professional Staff at least fourteen (14) days before the meeting by posting a notice of the meeting in a conspicuous place in the Hospital or by emailing or sending it through an internal mail distribution system to each Professional Staff member. Notice of a special meeting shall state the nature of the business for which the meeting is called.

- (4) The period of time required for giving notice of any special meeting may be waived in exceptional circumstances by a majority of those Professional Staff members present and entitled to vote at the special meeting, as the first item of business of the meeting.
- (5) The Professional Staff officers may determine that any Professional Staff meeting may be held by telephonic or electronic means. Where a Professional Staff meeting is held by telephonic or electronic means, the word “present” in Article 10 shall mean present physically or by telephonic or electronic means, and a vote may be taken by show of hands, voice vote, or other electronic means of voting.

10.2 Quorum

Forty (40) Professional Staff members entitled to vote and present shall constitute a quorum at any Professional Staff meeting.

10.3 Rules of Order

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

10.4 Medical Staff Meetings

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

10.5 Attendance

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

Article 11 – Professional Staff Officers

11.1 Professional Staff Officers

- (1) The provisions of this Article 12 shall be deemed to satisfy the requirements of the *Public Hospitals Act* for Medical Staff officers. 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 Medical Staff.
- (2) The Professional Staff officers shall be:
 - (a) the president;
 - (b) the vice president;
 - (c) the secretary; and
 - (d) such other officers as the Professional Staff may determine.

- (3) The Professional Staff officers shall be elected annually for a one-year term by a majority vote of the Professional Staff members present and voting at a Professional Staff meeting.
- (4) The Professional Staff officers may serve a maximum of four (4) consecutive years in one office. An officer may be re-elected to the same position following a break in continuous service of at least one (1) year.
- (5) The Professional Staff officers may be removed from office before the expiry of their term by a majority vote of the Professional Staff members present and voting at a Professional Staff meeting called for that purpose.
- (6) If any office of the Professional Staff becomes vacant, and it is deemed expedient to fill the office before the next annual meeting of the Professional Staff, the vacancy may be filled by a majority vote of the Professional Staff members present and voting at a regular or special Professional Staff meeting. The election of the 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 Attendance, Voting, and Holding Office

- (1) All Professional Staff members are entitled to attend Professional Staff meetings.
- (2) Only Active Staff and Associate Staff members are entitled to vote at Professional Staff meetings.
- (3) Only Physicians who are Active Staff members may hold any Professional Staff office.

11.3 Nominations and Election Process

- (1) A nominating committee shall be constituted through a process approved by the Professional Staff on the recommendation of the Professional Staff officers.
- (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 Hospital 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 *Public Hospitals Act* and this By-law.
- (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

The president of the Professional Staff shall:

- (a) preside at all Professional Staff meetings;

- (b) act as a liaison between the Professional Staff, the Chief Executive Officer, and the Board on matters concerning the Professional Staff;
- (c) support and promote the values and strategic plan of PRHC;
- (d) be an *ex-officio* member of the Medical Advisory Committee; and
- (e) be an *ex-officio* non-voting Director and, as a Director, fulfill fiduciary duties to PRHC by making decisions in the best interest of PRHC.

11.5 Vice President of the Professional Staff

The vice president of the Professional Staff shall:

- (a) in the absence or disability of the president of the Professional Staff, act in place of the President, and perform their duties and possess their powers as set out in section 11.4 (other than as set out in Section 11.4(e));
- (b) perform such duties as the President of the Professional Staff may delegate to them; and
- (c) be an *ex-officio* member of the Medical Advisory Committee.

11.6 Secretary of the Professional Staff

The secretary of the Professional Staff shall:

- (a) attend to the correspondence of the Professional Staff;
- (b) ensure notice is given and minutes are kept of Professional Staff meetings;
- (c) maintain the funds and financial records of the Professional Staff and provide a financial report at the annual meeting of the Professional Staff;
- (d) disburse funds at the direction of the Professional Staff, as determined by a majority vote of the Professional Staff members present and voting at a Professional Staff meeting;
- (e) be an *ex-officio* member of the Medical Advisory Committee; and
- (f) 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 section 11.5.

11.7 Other Officers

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

Article 12 – Amendments

12.1 Amendments to this By-law

Prior to submitting any amendment(s) to this By-law to PRHC’s by-law approval processes:

- (a) PRHC shall provide notice specifying the proposed amendment(s) to the Professional Staff;
- (b) the Professional Staff shall be afforded an opportunity to comment on the proposed amendment(s); and
- (c) the Medical Advisory Committee may make recommendations to the Board on the proposed amendment(s).

12.2 Repeal and Restatement

This By-law repeals and restates in its entirety the by-laws of PRHC previously enacted concerning the Professional Staff.

Responsibility for Monitoring	Chair, Medical Advisory Committee
Responsibility for Review/Update	Medical Affairs
Effective Date	June 26, 2025
Original Date	
Date Reviewed	May 2025, May 2024, June 2023, June 2022, June 2021, August 2020, June 2019, June 2018, June 2017, June 2016, June 2015, June 2014, June 2013, June 2012
Date Revised <i>most recent date first</i>	May 2025, May 2024, August 2020, June 2019, June 2018, June 2016, June 2015, June 2014, June 2013, June 2012
Approval Pathway	Medical Advisory Committee (MAC) Board of Directors