PART IX - Medical Staff

**1. MEDICAL STAFF**

**1.1 Purpose of the Medical Staff Organization20**

(1) The purposes of the medical staff organization, in addition to fulfilling the responsibilities established by the laws of Ontario and this By-law, are,

(a) to provide a structure whereby the members of the medical staff participate in the Hospital’s planning, policy setting, and decision making;

(b) to serve as a quality assurance system for medical care rendered to patients by the medical staff and to ensure the continuing improvement of the quality of medical care; and

(c) to provide a structure and process to ensure that all patients receive medical care.

**1.2 Appointment of Medical Staff**

 (1) The Board shall appoint annually a medical staff for the Hospital.

**1.3 Appointment of Honorary Staff**

(1) Notwithstanding the other requirements of this By-law, a person who is not a physician may be honoured by appointment to the honorary staff.

**1.4 Appointment to Medical Staff**

**1.4.1 Application for Appointment to the Medical Staff**

(1) An application for appointment to the medical staff shall be processed in accordance with the provisions of the *Public Hospitals Act21*, and in accordance with the Regulations thereunder and this By-law.

(2) On request, the Chief Executive Officer shall supply a copy of the By-laws, the Rules of the Hospital and the *Public Hospitals Act* and the Regulations thereunder to each physician who expresses in writing the intention to apply for appointment to the medical staff.

(3) An applicant for appointment to the medical staff shall submit (1) original written application to the Chief Executive Officer.

(4) Each application shall contain,

(a) a statement by the applicant that he or she has read the *Public Hospitals Act* and the Hospital Management Regulation thereunder, and the By-laws and Rules of the Hospital;

(b) an undertaking that, if he or she is appointed to the medical staff of the Hospital, he or she will govern himself or herself in accordance with the requirements set out in the By-laws and Rules of the Hospital;

(c) evidence of medical practice protection coverage satisfactory to the Board;

(d) a list of the privileges which are requested;

(e) an up-to-date curriculum vitae;

(f) a list of three (3) appropriate referees;

(g) information of any previous disciplinary proceeding where there was an adverse finding;

(h) information of any civil suit where there was a finding of negligence or battery;

(i) a signed consent authorizing any medical regulatory body or referee to provide a report on,

1. any action taken by its disciplinary or fitness to practice committee, and

(ii) whether his or her privileges have been curtailed or cancelled by any medical regulatory body or by another hospital because of incompetence, negligence, incapacity or any act of professional misconduct; and

(j) a current certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario and consent to the release of information from the Registrar of the College.

(5) Each applicant shall visit the Hospital for an interview with appropriate members of the medical staff and the Chief Executive Officer or his or her delegate.

(6) The Chief Executive Officer shall retain a copy of the application and shall refer to original application immediately to the Medical Advisory Committee through its Chair who shall keep a record of each application received and then refer the original application forthwith to the Chair of the Credentials Committee.

(7) Each application shall be considered by the Medical Advisory Committee which shall make a recommendation thereon in writing to the Board within sixty (60) days from the date of the application22.

(8) Despite 1.4.1(1), the Medical Advisory Committee may take its recommendation later than sixty (60) days after the date of the application if, prior to the expiry of the date of the sixty (60) day period, it indicates in writing to the board and the applicant that a final review cannot yet be made and gives written reasons therefore23.

(9) The Hospital and the Medical Advisory Committee shall deal with the application in accordance with the *Public Hospitals Act* and the procedure set out in subsections 5.1(1) and 5.2(1) to (7) of this By-law.

**1.4.2 Criteria for Appointment to the Medical Staff**

(1) Only an applicant qualified to practice medicine and who holds a current, valid certificate of Registration with the College of Physicians and Surgeons of Ontario is eligible to be a member of and appointed to the medical staff of the Hospital except as otherwise provided for in this By-law.

(2) The applicant will have,

(a) a certificate of Registration with the College of Physicians and Surgeons of Ontario;

(b) a current certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario;

(c) a demonstrated ability to provide patient care at an appropriate level of quality and efficiency;

(d) a demonstrated ability to communicate, work with and relate to all members of the medical, dental, midwifery, extended class nursing staff and Hospital staff in a co-operative and professional manner;

(e) a demonstrated ability to communicate and relate appropriately with patients and patients’ relatives;

(f) a willingness to participate in the discharge of staff obligations appropriate to membership group;

(g) adequate training and experience for the privileges requested;

(h) evidence of medical practice protection coverage satisfactory to the Board;

(i) a report on, among other things, the experience, competence and reputation of the applicant from the Chief of Staff, Chief of Department, or other such persons as is appropriate to contact, in the hospitals in which the applicant trained or held an appointment; and

(j) in the case of a certified specialist, a report from the Chief of Department in which training was completed, and/or a report from the Chief of the Department in which he or she last practiced.

(3) The applicant must agree to govern himself or herself in accordance with the requirements set out in this By-law, the Rules of the Hospital and the Hospital policies.

(4) The applicant must indicate to the Credentials Committee adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgment.

(5) There is a need for the services in the community.

**1.4.3 Term**

(1) Each appointment to the medical staff shall be for one (1) year24, but shall continue in effect until the Board has made appointments for the ensuing year.

**1.5 RE-APPOINTMENT**

**1.5.1 Application for Re-Appointment and Performance Review**

(1) Upon recommendation by the Medical Advisory Committee, the Board shall establish and approve a process for the annual performance review of each member of the medical staff.

(2) Each year each member of the medical staff shall make a written application for re-appointment to a group of the medical staff of the Hospital in the prescribed form.

(3) Where a member of the medical staff has applied for re-appointment, the Chief of Department shall make a written report to the Medical Advisory Committee, which report shall address:25

(a) the applicant’s performance review for the past year conducted in accordance with the process prescribed in subsection 1.5.1(1);

(b) the applicant’s health during the past year;

(c) the applicant’s plans for any changes in type or level of service provided and reasons therefore;

(d) the applicant’s practice succession plans and/or retirement plans, if any; and

(e) any other matter listed in section 1.4.2.

(4) The application for re-appointment to a group of the medical staff of the Hospital shall be processed in the same manner as set out in section 1.4.1.

**1.5.2 Criteria for Re-Appointment to the Medical Staff**

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

 (a) continue to meet the criteria set out in section 1.4.2; and

 (b) have demonstrate an appropriate use of Hospital resources,

**1.5.3 Refusal to Re-Appoint**

(1) Pursuant to the *Public Hospitals Act*26, and in accordance with the Regulations thereunder, the Board may refuse to re-appoint a member of the medical staff.

(2) Where a member has applied under section 1.5.1 for re-appointment, his or her appointment shall be deemed to continue,

 (a) until the re-appointment is granted; or

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

**1.6 CHANGE OF PRIVILEGES**

**1.6.1 Application for Change of Privileges**

(1) Where a physician wishes to change his or her privileges, the physician shall make a written application, in the prescribed form, listing the change of privileges, which is requested and shall submit evidence of appropriate training and competence in respect of the privileges being requested.

(2) An application for a change in privileges made by a member of the medical staff shall be processed in the same manner as set out in section 1.4.1

**1.7 MID-TERM ACTION**

**1.7.1 Mid-Term Action**

(1) Pursuant to the *Public Hospitals Act*21 and the Regulations thereunder and in accordance with this By-law, the Board at any time may revoke or suspend any appointment of a member of the medical staff or dismiss, suspend, restrict or otherwise deal with, the privileges of the member.

(2) Mid-term action in respect of a member of the medical staff, shall be processed in accordance with, and in the same manner provided in part 6 of this By-law.

**1.8 MEDICAL STAFF GROUPS**

**1.8.1 Medical Staff Groups**

 (1) The medical staff shall be divided into the following groups22:

 (a) active;

 (b) associate;

 (c) courtesy;

 (d) locum tenens;

 (e) temporary; and

 (f) honorary.

**1.8.2 Active Medical Staff**

(1) The active medical staff shall consist of those physicians who have been appointed as active medical staff by the Board.

(2) Except where approved by the Board, no physician with an active medical staff appointment at another hospital shall be appointed to the active medical staff23.

(3) Every physician applying for appointment to the active medical staff may be assigned to the associate staff for a probationary period if the Board so required.

(4) Each member of the active medical staff is responsible for ensuring that medical care is provided to his or her patients in the Hospital.

(5) All active medical staff members shall have admitting privileges unless otherwise specified in their appointment to the medical staff30.

(6) Active medical staff members shall be eligible to vote at medical staff meetings, to hold office and to sit on any committee of the medical staff.

 (7) Each member of the active medical staff shall,

(a) undertake such duties in respect to those patients classed as emergency cases as may be specified by the Chief of Staff or by the Chief of the Department to which the physician has been assigned;

(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) act as a supervisor of a member of the medical, dental or midwifery staff, as and when requested by the Chief of Staff or the Chief of Department, and act as a supervisor of the extended class nursing staff, for the diagnosing, prescribing for or treating out-patients, as and when requested by the Chief of Staff or the Chief of Department.

**1.8.3 Associate Medical Staff**

(1) Each associate medical staff member shall have admitting privileges unless otherwise specified in the appointment.

(2) An associate medical staff member shall work for a probationary period under the supervision of an active medical staff member named by the Chief of Staff on the recommendation of the Chief of the Department to which the associate medical staff member has been assigned.

(3) A supervisor shall carry out the duties in accordance with the Rules of the Hospital.

(4) After one (1) year the appointment of a physician to the associate medical staff shall be reviewed by the Credentials Committee who shall report to the Medical Advisory Committee.

(5) The Medical Advisory Committee may recommend that the physician be appointed to the active medical staff or may require the physician to be subject to a further probationary period not longer than six (6) months.

(6) The Chief of Department, upon the request of an associate medical staff member or a supervisor, may assign the associate medical staff member to a different supervisor for a further probationary period.

(7) At any time an unfavourable report may cause the Medical Advisory Committee to consider making a recommendation to the Board that the appointment of the associate medical staff member be terminated.

(8) No member of the medical staff shall be appointed to the associate medical staff for more than eighteen (18) consecutive months.

 (9) An associate medical staff member shall,

(a) attend patients, and undertake treatment and operative procedures under supervision in accordance with the kind and degree of privileges granted by the Board on the recommendation of the Medical Advisory Committee; and

(b) undertake such duties in respect to those patients classed as emergency cases as may be specified by the Chief of the Department to which the physician has been assigned.

(10) A member of the associate medical staff shall not vote at medical staff meetings nor be elected a medical staff officer, but may be appointed to a committee of the medical staff.

**1.8.4 Courtesy Medical Staff**

(1) The Board may grant a physician an appointment to the courtesy medical31 staff in one or more of the following circumstances:

(a) the applicant has an active medical staff commitment at another hospital; or

(b) the applicant lives at such a remote distance from the Hospital that it limits full participation in active medical staff duties, but he or she wishes to maintain an affiliation with the Hospital; or

(c) the applicant has a primary commitment to, or contractual relationship with, another community or organization; or

(d) the applicant requests access to limited Hospital resources or out-patient programs or facilities32; or

 (e) where the Board deems it otherwise advisable.

(2) (a) The Board may grant a physician an appointment to the courtesy medical staff with such privileges as the Board deems

advisable. Privileges to admit patients shall only be granted under specified circumstances33.

(b) The circumstances leading to an appointment under subsection 1.8.4 of this By-law shall be specified by the physician on each application for re-appointment.

(3) Each physician on the courtesy medical staff may attend medical staff, departmental meetings, and program meetings, but unless the Board so requires shall not be subject to the attendance requirements and penalties as provided by the By-law and the medical staff rules.

(4) Unless required to attend by the Chief of Staff or the Chief of Department, members of the courtesy medical staff shall not have the right to vote at medical staff or departmental meetings or program meetings.

(5) Members of the courtesy medical staff shall not hold office and shall not be eligible for appointment to a committee of the medical staff.

**1.8.5 Locum Tenens**

(1) The Medical Advisory Committee upon the request of a member of the medical staff may recommend the appointment of a locum tenens as a planned replacement for that physician for a specified period of time.

 (2) A locum tenens shall,

 (a) have admitting privileges unless otherwise specified;

(b) work under the counsel and supervision of a member of the active medical staff who has been assigned this responsibility by the Chief of Staff or his or her delegate;

(c) attend patients assigned by his or her care by the active medical staff member by whom he or she is supervised, and shall treat them within the professional privileges granted by the Board on the recommendation of the Medical Advisory Committee; and

(d) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff or by the Chief of the Department to which the physician has been assigned.

**1.8.6 Temporary Medical Staff**

(1) A temporary appointment of a physician to the medical staff may be made only for one of the following reasons:

(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 service34.

(2) Notwithstanding any other provision in this By-law, the Chief Executive Officer, after consultation with the Chief of Staff or his or her delegate, may,

(a) grant a temporary appointment to a physician who is not a member of the medical 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.

(3) A temporary appointment shall not include privileges to admit patients.

**1.8.7 Honorary Staff**

(1) A physician may be honoured by the Board with a position on the honorary staff of the Hospital because he or she,

(a) is a former member of the medical staff who has retired from active practice; or

(b) has outstanding reputation or made an extraordinary accomplishment, although not necessarily a resident in the community.

(2) Each member of the honorary staff shall be appointed by the Board on the recommendation of the Medical Advisory Committee.

 (3) Membership on the honorary staff is not restricted to physicians.

 (4) Members of the honorary staff shall not,

 (a) have regularly assigned duties or responsibilities35;

 (b) be eligible to vote at medical staff meetings or to hold office;

(c) be bound by the attendance requirements for medical staff meetings; or

 (d) have admitting privileges.

**1.9 MEDICAL STAFF DUTIES**

**1.9.1 Duties, General**

(1) Each member of the medical staff is accountable to and shall recognize the authority of the Board through and with their Chief of Department, the Chief of Staff, the Program Medical Director, and the Chief Executive Officer.

 (2) Each member of the medical staff shall,

(a) attend and treat patients within the limits of the privileges granted by the Board, unless the privileges are otherwise restricted;

(b) notify the Chief Executive Officer of any change in the Certificate of Registration with the College of Physicians and Surgeons of Ontario;

(c) give such instruction as is required for the education of other members of the medical, dental, midwifery, extended class nursing staff and Hospital staff;

(d) abide by the Rules of the Hospital, this By-law, the *Public Hospitals Act* and the Regulations thereunder and all other legislated requirements;

 (e) co-operate with,

(i) the Chief of Staff and the Medical Advisory Committee,

 (ii) the Chiefs of Department,

 (iii) the Head of the applicable services,

 (iv) the Chief Executive Officer, and

 (v) Program Medical Directors;

(f) notify patients and/or their families or other appropriate persons about their options with respect to tissue and organ transplantation36; and

(g) perform such other duties as may be prescribed from time to time by, or under the authority of the Board, the Medical Advisory Committee or the Chief of Staff31.

(3) Each member of the active and associate medical staff groups and the courtesy staff where required shall attend 50 percent (50%) of regular staff meetings and 4 percent (4%) of the meetings of the department of which he or she is a member.

**1.9.2 Chief of Staff**

(1) The Board shall appoint a member of the active medical staff to be the Chief of Staff after giving consideration to the recommendations of a Selection Committee, which shall seek the advice of the Medical Advisory Committee.

 (2) The membership of a Selection Committee may include,

 (a) a Director, who shall be chair;

(b) two (2) members of the Medical Advisory Committee, one of whom shall be the President of the Medical Staff;

 (c) the Chief Nursing Executive;

 (d) the Chief Executive Officer, or his or her delegate; and

 (e) such other members as the Board deems advisable.

(3) Subject to annual confirmation by the Board, an appointment made under subsection 1.3.2 (1) of this By-law shall be for a term of three (3) years, but the Chief of Staff shall hold office until a successor is appointed.

(4) The maximum number of terms under subsection 1.9.2 (3) of this By-law shall be two (2), provided however that following a break in the continuous service of at least one (1) year the same person may be re-appointed.

(5) The Board may at any time revoke or suspend the appointment of the Chief of Staff.

**1.9.3 Duties of the Chief of Staff**

 (1) The Chief of Staff shall,

 (a) be accountable to the Board;

(b) organize the medical, dental and midwifery staff to ensure that the quality of the medical, dental and midwifery care given to all patients of the Hospital is in accordance with policies established by the Board, and organize the extended class nursing staff care to ensure that the quality of the extended class nursing care, with respect to diagnosing, prescribing for or treating out-patients of the Hospital, is in accordance with policies established by the Board;

 (c) chair the Medical Advisory Committee32;

(d) advise the Medical Advisory Committee and the Board with respect to the quality of medical and dental diagnosis, care and treatment provided to the patients of the Hopsital33, and the quality of midwifery assessment, care and treatment provided to the patients of the Hospital, and the quality of extended class nursing staff care with respect to diagnosing, prescribing for or treating out-patients of the Hospital;

(e) report regularly to the Board and medical staff40 about the activities, recommendations and actions of the Medical Advisory Committee and any other matters about which they should have knowledge;

(f) assign, or delegate the assignment of a member of the medical, dental, midwifery or extended class nursing staff,

(i) to supervise the practice of medicine of any other member of the medical staff, the practice of dentistry of any other member of the dental staff, the practice of midwifery of any other member of the midwifery staff, or the practice of registered nurses in the extended class with respect to diagnosing, prescribing for treating out-patients of any other member of the extended class nursing staff, as appropriate for any period of time, and

(ii) to make a written report to the Chief of the appropriate department;

(g) assign, or delegate the assignment of, a member of the medical, dental, midwifery or extended class nursing staff to discuss in detail with any other member of the medical, dental, midwifery or extended class nursing staff as appropriate, any matter which is of concern to the Chief of Staff and to report the discussion to the Chief of the appropriate department, and Program Medical Director;

(h) in consultation with the Chief Executive Officer, designate an alternate to act during an absence;

(i) supervise the professional care provided by all members of the medical, dental and midwifery staff in the Hospital, and supervise the professional care provided by all members of the extended class nursing staff, with respect to diagnosing, prescribing for or treating out-patients of the Hospital;

(j) be responsible to the Board through and with the Chief Executive Officer for the appropriate utilization of resources by all medical, dental and midwifery departments and extended class nursing staff;

(k) report to the Medical Advisory Committee on activities of the Hospital including the utilization of resources and quality assurance;

(l) participate in the development of the Hospital’s mission, objectives, and strategic plan;

(m) work with the Medical Advisory Committee to plan medical human resources needs of the Hospital in accordance with the Hospital’s strategic plan;

(n) participate in Hospital resource allocation decisions;

(o) ensure a process for the regular review of the performance of the Chiefs of Department, and in cooperation with the Chief Executive officer, for Program Medical Directors;

(p) ensure there is process for participation in continuing medical, dental, midwifery and extended class nursing staff education;

(q) receive and review recommendations from Chiefs of Department regarding changes in privileges;

(r) receive and review the performance evaluations and the recommendations from Chiefs of Department concerning re-appointments. Ensure that the evaluations and recommendations are forwarded to the Medical Advisory Committee. Notify the Credentials Committee of the completion of the evaluations and the completion of the recommendations;

(s) advise the medical, dental, midwifery and extended class nursing staff on current Hospital policies, objectives and rules; and

(t) delegate appropriate responsibility to the Chiefs of Department, and Program Medical Directors.

**1.9.4 Monitoring Aberrant Practices**

(1) Where any member of the medical, dental, midwifery, extended class nursing or Hospital staff believes that a member of the medical staff is attempting to exceed his or her privileges or is temporarily incapable of providing a service that he or she is about to undertake, the belief shall be communicated immediately to the Chief of Department, the Chief of Staff, the Program Medical Director and to the Chief Executive Officer.

**1.9.5 Viewing Therapeutic Actions, Operations and Procedures**

(1) Any therapeutic action, operation or procedure performed in the Hospital may be viewed without the permission of the physician by,

 (a) the Chief of Staff or delegate; or

 (b) the Chief of the Department or delegate; or

 (c) the Program Medical Director.

**1.9.6 Transfer of Responsibility**

(1) Pursuant to the Hospital Management Regulation41 whenever the responsibility for the care of a patient of a member of the medical staff is transferred to another member of the medical staff, a written notation by the medical staff member who is transferring the care over to another shall be made and signed on the patient’s medical record and the name of the medical staff member assuming the responsibility shall be noted in the patient’s medical record and the medical staff member assuming the responsibility shall be notified immediately.

(2) Where the Chief of Staff or the Chief of a Department has cause to take over the care of a patient, the Chief Executive Officer, the attending physician, the Program Medical Director, and the patient42, shall be notified as soon as possible or, in the case where the patient is mentally incompetent, the patient’s substitute decision maker, shall be notified as soon as possible.

**1.10 MEDICAL STAFF DEPARTMENTS AND PROGRAMS43**

**1.10.1 Departments and Programs**

(1) When warranted by the professional resources of the medical staff, the Board, on the advice of the Medical Advisory Committee, may divide the medical staff into departments and programs44, which shall include,

 (a) medicine;

 (b) surgery; and

 (c) general and family practice.

(2) Any medical staff department or program shall function in accordance with the medical staff rules.

(3) Whenever a separate department or program is established, physicians and where appropriate, dentists, midwives and registered nurses in the extended class and patients related to such a department or program shall come under the jurisdiction of the department or program.

(4) The Board, after considering the advice of the Medical Advisory Committee, at any time, may establish or disband departments and programs of the medical staff.

**1.10.2 Chief of Department and Program Medical Director**

(1) The Board shall appoint as Chief of Department a physician from that department who is on the active staff, after giving consideration to the recommendations of a Selection Committee.

 (2) The membership of a Selection Committee may include,

 (a) the Chief of Staff who shall be chair;

 (b) a Director;

 (c) a member of the Medical Advisory Committee;

 (d) the Chief Nursing Executive;

(e) the Chief Executive Officer or his or her delegate, who may be the Program Medical Director; and

 (f) a member of the Department.

(3) Subject to annual confirmation of the Board, the appointment of a Chief of Department shall be for a term of three (3) years, but the Chief of Department shall hold office until a successor is appointed45.

(4) The maximum number of terms under subsection 1.10.2 (3) of this By-law shall be two (2), provided however that following a break in the continuous service of at least one (1) year the same person may be re-appointed.

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

**1.10.3 Duties of Chief of Department**

 (1) The Chief of Department shall,

(a) through and with the Chief of Staff, and in communication with the Program Medical Director, supervise the professional care provided by all members of the medical, dental and midwifery staff, and extended class nursing staff with respect to diagnosing, prescribing for or treating out-patients in the Hospital;

(b) participate, through and with the Program Medical Director, in the orientation of new members of the medical, dental, midwifery and extended class nursing staff appointed to the department;

(c) 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 program-wide quality assurance measures;

(d) advise the Medical Advisory Committee through and with the Chief of Staff, and in communication with the Program Medical Director, with respect to the quality of medical, and where appropriate, dental, diagnosis, care and treatment provided to the patients and out-patients of the department46;

(e) advise the Medical Advisory Committee through and with the Chief of Staff, and in communication with the Program Medical Director, with respect to the quality of midwifery assessment, care and treatment provided to the patients and out-patients of the department;

(f) advise the Medical Advisory Committee through and with the Chief of Staff, and in communication with the Program Medical Director, with respect to the quality of care provided in the hospital by registered nurses in the extended class with respect to diagnosing, prescribing for or treating out-patients in the Hospital;

(g) advise the Chief of Staff, and the Program Medical Director, and the Chief Executive Officer of any patient who is not receiving appropriate treatment and care;

(h) be responsible to the Chief of Staff41, through and with the Chief Executive Officer for the appropriate utilization of the resources allocated to the deparmtent42;

(i) report to the Medical Advisory Committee, and the Program Medical Director, and to the department on activities of the department including utilization of resources and quality assurance;

(j) make recommendations to the Medical Advisory Committee, through and with the Program Medical Director, regarding medical human resource needs of the department in accordance with the Hospital’s strategic plan following consultation with medical staff of the department, the Chief of Staff and, where appropriate, Heads of Services;

(k) participate, through and with the Program Medical Director, in the development of the department’s mission, objectives and strategic plan;

(l) participate, through and with the Program Medical Director, in department resource allocation decisions;

(m) review or cause to be reviewed, in communication with the Program Medical Director, the privileges granted members of the department including members of the dental staff, members of the midwifery staff and extended class nursing staff for the purpose of making recommendations for changes in the kind and degree of such privileges;

(n) review and make written recommendations regarding the performance evaluations of members of the department, in communication with the Program Medical Director, including members of the dental, midwifery and extended class nursing staff annually and concerning re-appointments and these recommendations shall be forwarded to the Medical Advisory Committee;

 (o) be a member of the Medical Advisory Committee43;

(p) establish a process for continuing education related to the department through and with the Program Medical Director;

(q) advise the members of the department, including members of the dental, midwifery and extended class nursing staff regarding current Hospital and departmental policies, objectives, and rules14;

(r) hold regular meetings with the staff of the department and where appropriate with the Heads of Services within the department, and Program Medical Directors;

(s) notify the Chief of Staff, the Program Medical Director51, and the Chief Executive Officer of his or her absence, and designate an alternate from within the department; and

(t) delegate appropriate responsibility to the Heads of Services within the department and in communication with the Program Medical Director.

**1.10.4 Services In a Department**

(1) When warranted by the professional resources of the department, the Board, on the advice of the Medical Advisory Committee, after considering the recommendation of the Chief of the Department, and Program Medical Director, may divide the department into services.

**1.10.5 Head of Service**

(1) When services are established under a department, the Board, on the advice of the Medical Advisory Committee, after considering the recommendation of the Chief of the Department, and Program Medical Director, shall appoint a Head of Services for each service who shall be responsible to the Chief of the Department for the quality of medical, and where appropriate, dental and midwifery care, rendered to patients in that service.

(2) The appointment of a Head of Service shall be for a term of three (3) years, but the Head of Service shall continue to hold office until a successor is appointed.

(3) The maximum number of terms under subsection 1.10.5 (2) of this By-law shall be two (2), provided however that following a break in the continuous service of at least one (1) year, the same person may be re-appointed.

(4) The Board may at any time revoke or suspend the appointment of a Head of Service.

**1.11 MEETINGS – MEDICAL STAFF**

**1.11.1 Meetings of the Medical Staff**

(1) Every medical staff shall hold at least four (4) meetings in each fiscal year of the hospital, one of which shall be the annual meeting52.

**1.11.2 Notice of Annual Meetings**

(1) A written notice of each annual meeting shall be posted in the Northern Horizon Health Centre53 by the Secretary of the medical staff at least four (4) days before the meeting.

**1.11.3 Notice of Regular Meetings**

(1) A written notice of each regular meeting shall be posted in the Northern Horizon Health Centre54 by the Secretary of the medical staff at least five (5) days before the meeting.

**1.11.4 Special Meetings**

 (1) The President of the medical staff may call a special meeting.

(2) Special meetings shall be called by the President of the medical staff on the written request of any 2 members of the active medical staff or a Department55.

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

(4) The usual period of time required for giving notice of any special meeting shall be waived in cases of emergency, subject to ratification of this action by the majority of those members present and voting at the special meeting, as the first item of business at the meeting.

**1.11.5 Quorum**

(1) A majority percentage of the medical staff members entitled to vote shall constitute a quorum56 at any annual, general or special meeting of the medical staff.

**1.11.6 Order of Business**

(1) The order of business at any meeting of the medical staff shall be as set out in the rules of the medical staff.

**1.11.1 Attendance at Regular Staff Meetings**

(1) Each member of the active staff shall attend at least 50 per cent (50%) of the regular medical staff meetings.

**1.11.2 Department Meetings**

(1) Department meetings shall be held in accordance with medical staff rules.

**1.11.3 Attendance At Department Meetings**

(1) Each member of the active and associate staff groups shall attend at least 4 per cent (4%) of the meetings of the department of which he or she is a member.

**1.12 MEDICAL STAFF ELECTED OFFICERS**

**1.12.1 Eligibility For Office**

(1) Only members of the active medical staff may be elected or appointed to any position or office.

**1.12.2 Election Procedure**

(1) A Nominating Committee shall be appointed by the medical staff at each annual meeting and shall consist of three (3) members of the medical staff.

(2) At least thirty days before the annual meeting of the medical staff, its Nominating Committee shall post in the Northern Horizon Health Centre51 a list of the names of those who are nominated for the offices of the medical staff which are to be filled by election in accordance with this By-law and the regulations under the *Public Hospitals Act*.

(3) Any further nominations shall be made in writing to the Secretary of the medical staff within fourteen (14) days after the posting of the names referred to in subsection 1.12.2 (2) of this By-law.

(4) Further nominations referred to in subsection 1.12.2 (3) of this By-law shall be signed by two (2) members of the medial staff who are entitled to vote and the nominee shall have signified in writing on the nomination acceptance of the nomination. Such nominations shall then be posted alongside the list referred to in subsection 1.12.2 (2) of this By-law.

**1.12.3 Duties of the President of the Medical Staff**

 (1) The President of the Medical Staff shall,

(a) be a member of the Board52 and as a Director, fulfill his or her fiduciary duties to the Hospital by making decisions in the best interest of the Hospital;

 (b) be a member of the Medical Advisory Committee53;

(c) report to the Medical Advisory Committee and the Board on any issues raised by the medical staff;

(d) be accountable to the medical staff and advocate fair process in the treatment of individual members of the medical staff;

 (e) preside at all meetings of the medical staff;

 (f) call special meetings of the medical staff;

 (g) be an *ex officio* member of the Joint Conference Committee;

 (h) be an *ex officio* member of the Finance Committee; and

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

**1.12.4 Duties of the Vice-President of the Medical Staff**

 (1) The Vice-President of the Medical Staff shall60,

(a) act in the place of the President of the medical staff, perform his or her duties and possess his or her powers, in the absence or disability of the President; and

(b) perform such duties as the President of the medical staff may delegate.

**1.12.5 Duties of the Secretary of the Medical Staff**

 (1) The Secretary of the Medical Staff shall,

 (a) be a member of the Medical Advisory Committee;

 (b) attend to the correspondence of the medical staff;

(c) give notice of medical staff meetings by posting a written notice thereof61,

(i) in the case of a regular or special meeting of the medical staff at least five (5) days before the meeting; and

(ii) in the case of the annual meeting of the medical staff, at least ten (10) days before the meeting;

 (d) ensure that minutes are kept of all medical staff meetings;

(e) ensure that a record of the attendance at each meeting of he medical staff is made;

(f) receive the record of attendance for each meeting of each department of the medical staff;

(g) make the attendance records available to the Medical Advisory Committee;

(h) perform the duties of the Treasurer for medical staff funds and be accountable therefore, when a Treasurer of the medical staff has not been elected62; and

(i) act in the place of the Vice-President of the medical staff, performing his or her duties and possessing his or her powers in the absence or disability of the Vice-President.

**1.12.6 Duties of the Treasurer of the Medical Staff**

(1) The medical staff may elect annually a Treasurer63 who shall keep the funds of the medical staff in a safe manner and be accountable therefore.

(2) The Treasurer shall disburse medical staff funds at the direction of the medical staff as determined by a majority vote of the medical staff members present and entitled to vote at a medical staff meeting.

**1.13 MEDICAL ADVISORY COMMITTEE**

**1.13.1 Membership of the Medical Advisory Committee**

 (1) The Medical Advisory Committee64 shall consist of,

 (a) the Chief of Staff65, who shall be chair;

 (b) all Chiefs of Department;

 (c) the President of the medical staff;

 (d) the Vice-President of the medical staff;

 (e) the Secretary of the medical staff; and

 (f) and Program Medical Directors66.

(2) The Chief Executive Officer shall attend meetings of the Medical Advisory Committee but shall not have a vote.

(3) The Chief Nursing Executive shall attend meetings of the Medical Advisory Committee but shall not have a vote.

(4) The Head Midwife shall attend meetings of the Medical Advisory Committee but shall not have a vote.

**1.13.2 Duties of the Medical Advisory Committee**

(1) The Medical Advisory Committee shall elect a Secretary to the Medical Advisory Committee from among themselves.

(2) The Medical Advisory Committee shall perform the functions as set out in the Hospital Management Regulation61.

 (3) The Medical Advisory Committee shall,

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

 (b) in considering a recommendation for appointment, review,

 (i) the need of the Hospital for such an appointment, and

(ii) the impact such an appointment would be on available Hospital and community resources;

(c) in the case of a recommendation for appointment, specify the privileges which it recommends the applicant be granted.

(4) Develop a medical, dental, midwifery and extended class nursing staff human resources plan.

 (5) Through the Chief of Staff, advise the Board on,

(a) medical, dental, midwifery and extended class nursing staff quality assurance;

 (b) education;

 (c) clinical role of the Hospital; and

(d) medical, dental, midwifery and extended class nursing staff human resources plan.

**1.13.3 Executive Committee of the Medical Advisory Committee**

(1) The Executive Committee of the Medical Advisory Committee shall consist of,

 (a) Chief of Staff, who shall be chair;

 (b) President of the Medical Staff;

 (c) Chief of Department of Medicine;

 (d) Chief of Department of Surgery; and

 (e) not more than two (2) other Chiefs of Department.

(2) The Chief Executive Officer and the Chief Nursing Executive shall be invited to attend meetings of the Executive Committee of the Medical Advisory Committee but shall not have a vote.

 (3) The Executive Committee of the Medical Advisory Committee shall,

(a) Act as an advisory committee to the Medical Advisory Committee on issues brought to the Medical Advisory Committee or referred to the Executive Committee by the Board or the Chief Executive Officer;

(b) exercise the full powers of the Medical Advisory Committee in all urgent matters reporting every action at the next meeting of the Medical Advisory Committee;

(c) report at each meting of the Medical Advisory Committee; and

 (d) meet weekly or at the call of the chair.

**1.14 MEDICAL STAFF COMMITTEES ESTABLISHED BY THE BOARD**

**1.14.1 Medical Staff Committees Established by the Board**

 (1) The following Medical Staff Committees62 are hereby established:

 (a) Credentials Committee;

 (b) Medical Records Committee;

 (c) Medical Quality Assurance Committee;

 (d) Infection Control Committee;

 (e) Utilization Committee;

 (f) Pharmacy and Therapeutics Committee; and

 (g) Transfusion Review Committee.

**1.14.2 Appointment To Medical Staff Committees**

(1) Pursuant to the Hospital Management Regulation63, the Medical Advisory Committee shall appoint the medical members of all Medical Staff Committees provided for in this By-law of the Hospital. Other members of Medical Staff Committees shall be appointed by the Board or in accordance with this By-law.

**1.14.3 Medical Staff Committee Duties**

(1) In addition to the specific duties of each Medical Staff Committee as set out in this By-law, all Medical Staff Committees shall,

 (a) meet as directed by the Medical Advisory Committee; and

(b) present a written report including any recommendations of each meeting to the next meeting of the Medical Advisory Committee.

**1.14.4 Medical Staff Committee Chair**

(1) The Medical Advisory Committee shall appoint the chair of each Medical Staff Committee.

**1.14.5 Medical Staff Committee Chair Duties**

 (1) A Medical Staff Committee Chair shall,

 (a) chair the Medical Staff Committee meetings;

 (b) call meetings of the Medical Staff Committee;

(c) at the request of the Medical Advisory Committee, be present to discuss all or part of any report of the Committee;

(d) carry out such further and other duties as may be prescribed by the Medical Advisory Committee from time to time.

**1.14.6 Credentials Committee Duties**

(1) The Credentials Committee shall ensure that a record of the qualifications and professional career of every member of the medical, dental, midwifery and extended class nursing staff is maintained.

(2) The Credentials Committee shall establish the authenticity of and investigate the qualifications of each applicant for appointment and re-appointment to the medical, dental, midwifery and extended class nursing staff and each applicant for a change in privileges.

 (3) The Credentials Committee shall ensure that,

(a) each applicant for appointment to the medical staff meets the criteria as set out in section 1.4.2;

(b) each applicant for appointment to the dental staff meets the criteria as set out in section 2.2.2;

(c) each applicant for appointment to the midwifery staff meets the criteria as set out in section 3.2.2;

(d) each applicant for appointment to the extended class nursing staff meets the criteria as set out in section 10.2.2;

(e) each applicant for re-appointment to the medical staff meets the criteria as set out in section 1.5.2;

(f) each applicant for re-appointment to the dental staff meets the criteria as set out in section 2.3.2;

(g) each applicant for re-appointment to the midwifery staff meets the criteria as set out in section 3.3.2;

(h) each applicant for re-appointment to the extended class nursing staff meets the criteria as set out in section 4.3.2;

(i) each applicant for a change in privileges continues to meet the criteria for re-appointment set out respectively for physicians at section 1.5.2, dentists at section 2.3.2, midwives at section 3.3.2, and complies with section 1.6.1 for physicians, section 2.4.1 for dentists, and section 3.4.1 for midwives.

(4) The Credentials Committee shall consider reports of the interviews with the applicant.

(5) The Credentials Committee shall consult with the appropriate Chief of Department, and Program Medical Director.

(6) The Credentials Committee shall receive notification from the Chief of Staff when the performance evaluations and the recommendations for re-appointments have been completed.

(7) The Credentials Committee shall submit a written report tot the Medical Advisory Committee at or before its next regular meeting. The report shall include the kind and extent of privileges requested by the applicant, and, if necessary, a request that the applicant be deferred for further investigation.

(8) The Committee shall perform any other duties prescribed by the Medical Advisory Committee.

**1.14.1 Medical Record Committee Duties**

(1) The Medical Record Committee shall recommend to the Medical Advisory Committee to ensure that the provisions of the Hospital Management Regulation, this By-law and the Rules of the Hospital are observed, including,

(a) the development of rules to govern the completion of medical records;

(b) a review of medical records for completeness and quality of recording;

(c) a report in writing to each regular meeting of the Medical Advisory Committee with respect to,

(i) the review of the medical records and the results thereof, and

(ii) the names of members of the medical, dental, midwifery and extended class nursing staff who are delinquent with respect to the rules governing medical records;

(d) a review and revision of forms as they pertain to medical staff record keeping; and

(e) the retention of medical records and notes, charts and other material relating to patient care.

(2) The Committee shall perform any other duties pertaining to medical record keeping as may be requested by the Medical Advisory Committee.

**1.14.2 Medical Quality Assurance Committee Duties**

 (1) The Medical Quality Assurance Committee shall,

(a) develop a Medical Quality Assurance Program which includes mechanisms to,

 (i) monitor trends and activities,

 (ii) identify potential problem areas, and

 (iii) develop action plans and provide follow-up;

(b) report to the Medical Advisory Committee and to the Quality Assurance Committee of the Board;

(c) receive reports of and monitor the functioning of Medical Staff Committees reporting to the Medical Advisory Committee;

(d) monitor the functioning of the Medical Advisory Committee;

(e) review, evaluate and make recommendations on the following matters affecting the medical, dental, midwifery and extended class nursing staff:

 (i) privileges;

 (ii) human resources planning, impact analysis;

 (iii) program, departmental and service activities;

 (iv) process for handling complaints; and

(v) Hospital By-laws, Rules of the Hospital and policies of the Hospital;

(f) recommend procedures to the Medical Advisory Committee to assure that an ongoing peer review process is established for assessment of the quality of patient care as follows:

(i) study, record, analyse and consider the agreement or disagreement between the pre-operative diagnosis shown on the Hospital records, and the pathology reports on tissues removed from patients in the Hospital or post mortem reports;

(ii) review or cause to be reviewed regularly medical records;

(iii) report in writing to each regular meeting of the Medical Advisory Committee and to the appropriate Chiefs of Departments and Program Medical Directors;

(iv) assure a review of all Hospital deaths to assess the quality of care that has been provided;

(v) identify the continuing educational needs of the medical, dental, midwifery and extended class nursing staff and assure that actions are taken on the recommendations of the Committee; and

(iv) assure that other department medical, dental, midwifery and extended class nursing audits are undertaken as necessary; and

(g) perform such further duties as the Medical Advisory Committee may direct concerning the quality and quantity of professional work being performed in any department of the medical, dental, midwifery and extended class nursing staff of the Hospital.

**1.14.9 Infection Control Committee Duties**

 (1) The Infection Control Committee shall,

(a) make recommendations to the Medical Advisory Committee on infection control matters related to,

 (i) the Occupational Health and Safety Program,

 (ii) immunization programs,

(iii) visitor restrictions or instructions both in general terms and in special circumstances,

 (iv) patient restrictions or instructions,

(v) educational programs for all persons carrying on activities in the Hospital,

 (vi) isolation procedures,

(vii) aseptic and antiseptic techniques, and

 (viii) environmental sanitation in the Hospital;

(b) make recommendations to the Chief Executive Officer with respect to,

(i) infection control matters related to the Occupational Health and Safety Program, and

(ii) infection control matters related to the Health Surveillance Program;

(c) follow-up and evaluate the results of each of its recommendations made under subsections 1.14.9 (1)(a) and (b)70 of this By-law;

(d) develop, monitor and evaluate an infection control system which includes a reporting system by which all infections, including post discharge infections will come to the Committee’s attention;

(e) review reports from all departments and programs in the Hospital;

(f) meet at least quarterly and at the call of the Committee Chair as required; and

(g) perform such other duties as may from time to time be requested by the Medical Advisory Committee.

**1.14.10 Utilization Committee Duties**

(1) The Utilization Committee shall71,

(a) review utilization patterns in the Hospital and identify where improvements in utilization patterns could be achieved;

(b) monitor overall trends in admissions, length of stay and day program volumes and provide appropriate information to Chiefs of Departments, and Program Medical Directors, and Heads of Service;

 (c) review the reports from each department’s utilization review;

(d) ensure that Chiefs of Department are educated, through and with the Program Medical Director, about utilization review issues and about their responsibility for reporting regularly to their departments on utilization trends;

(e) report findings and make recommendations to the Medical Advisory Committee and Hospital management on a regular basis at least quarterly;

(f) monitor response to those Committee recommendations which are approved by the Medical Advisory Committee and Hospital management and report back on progress achieved;

(g) report annually to the medical staff on the Committee’s activities;

(h) comment on the resource implications of proposed additions to the medical staff; and

(i) perform such other duties as may be requested from time to time by the Medical Advisory Committee.

**1.14.11 Pharmacy and Therapeutics Committee Duties**

 (1) The Pharmacy and Therapeutics Committee shall,

(a) serve in an advisory capacity to the medical, dental, midwifery and extended class nursing staff by assessing regularly the appropriateness and adequacy of medication-related policies and make policy recommendations to the Medical Advisory Committee regarding drug utilization to ensure safe, effective and economical use of drugs;

(b) evaluate drug utilization, new drugs and current therapeutics and develop a formulary which is suited to the Hospital’s needs, and periodically assess the effectiveness of and adherence to the formulary;

(c) develop a procedure for the use of non-formulary drugs and mechanisms for their evaluation;

(d) periodically analyze a summary of medication errors and their causative factors and make appropriate recommendations regarding prevention to the medical, dental, midwifery and extended class nursing staff, and nursing and/or pharmacy staffs;

(e) develop an adverse drug reaction reporting program, review all these reports and ensure that a summary is circulated to medical, dental, midwifery and extended class nursing staff and nursing staffs when the need arises;

(f) review all standing orders annually, or more often if deemed necessary;

(g) develop protocols governing programs such as total parental nutrition, investigational drugs, self-medication, or ensure that such protocols have been developed after appropriate committee review;

(h) identify and/or arrange appropriate educational programs, through and with the Program Medical Director, for the medical, dental, midwifery, extended class nursing staff and Hospital staff to enhance their knowledge of drug therapy and practices;

(i) perform such other duties as the Medical Advisory Committee may direct; and

(j) meet quarterly or more frequently at the call of the Committee Chair.

**2. DENTAL STAFF**

**2.1 Appointment of Dental Staff**

(1) The Board, on the advice of the Medical Advisory Committee, may appoint, annually, one or more dentists to the dental staff of the Hospital and shall delineate the privileges for each dentist.

**2.2 Appointment to Dental Staff**

**2.2.1 Application for Appointment to the Dental Staff**

(1) An application for appointment to the dental staff shall be processed consistent with the provisions of the *Public Hospitals Act* and in accordance with the Regulations thereunder, and this By-law.

(2) On request, The Chief Executive Officer shall supply a copy of the By-laws, the Rules of the Hospital, the *Public Hospitals Act* and the Regulations thereunder to each dentist who expresses in writing the intention to apply for appointment to the dental staff.

(3) An applicant for appointment to the dental staff shall submit one original written application to the Chief Executive Officer.

 (4) Each application shall contain,

(a) a statement by the applicant that he or she has read the *Public Hospitals Act* and the Hospital Management Regulation thereunder, and by By-laws and Rules of the Hospital;

(b) an undertaking that, if he or she is appointed to the dental staff of the Hospital, he or she will govern himself or herself in accordance with the requirements set out in the By-laws and the Rules of the Hospital;

(c) evidence of dental practice protection coverage satisfactory to the Board;

(d) a list of the privileges which are requested;

(e) an up-to-date curriculum vitae;

(f) a list of three (3) appropriate referees;

(g) information of any previous disciplinary proceeding where there was an adverse finding;

(h) information of any civil suit where there was a finding of negligence or battery; and

(i) a signed consent authorizing any dental regulatory body or referee to provide a report on,

(i) any action taken by its disciplinary or fitness to practice committee, and

(ii) whether his or her privileges have been curtailed or cancelled by any dental regulatory body or by another hospital because of incompetence, negligence, incapacity or any act of professional misconduct.

(5) Each applicant shall visit the Hospital for an interview with appropriate members of the dental and medical staff and the Chief Executive Officer or his or her delegate.

(6) The Chief Executive Officer shall retain a copy of the application and shall refer the original application immediately to the Medical Advisory Committee through its Chair who shall keep a record of each application received and then refer the original application to the Chair of the Credentials Committee.

(7) Each application shall be considered by the Medical Advisory Committee which shall make a recommendation thereon in writing to the Board within sixty (60) days from the date of the application.

(8) The Hospital and the Medical Advisory Committee shall deal with the application in accordance with the *Public Hospitals Act* and the procedure set out in subsections 5.1(1) to (7) and 5.2(1) to (13) of this By-law.

**2.2.2 Criteria For Appointment to the Dental Staff**

(1) Only an applicant qualified to practice dentistry and who holds a current, valid certificate of Registration with the Royal College of Dental Surgeons of Ontario, or an applicant qualified to practice a dental specialty recognized by the Royal College of Dental Surgeons of Ontario and who holds a current, valid Specialty Certificate of Registration with the Royal College of Dental Surgeons of Ontario, is eligible to be a member of and appointed to the dental staff of the Hospital.

 (2) The applicant will have,

(a) a current valid Certificate of Registration with the Royal College of Dental Surgeons of Ontario, and in the case of an oral maxillofacial surgeon, a current valid Specialty Certificate of Registration from the Royal College of Dental Surgeons of Ontario authorizing practice in oral and maxillofacial surgery;

(b) a demonstrated ability to provide patient care at an appropriate level of quality and efficiency;

(c) a demonstrated ability to communicate, work with and relate to all members of the dental, medical, midwifery, extended class nursing staff and Hospital staff in a co-operative and professional manner;

(d) a demonstrated ability to communicate and relate appropriately with patients and patients’ relatives;

(e) a willingness to participate in the discharge of staff obligations appropriate to the dental staff;

(f) adequate training and experience for the privileges requested;

(g) evidence of dental practice protection coverage satisfactory to the Board; and

(h) a report on, among other things, the experience, competence and reputation of the applicant from the Chief of Staff or Chief of Department in the last hospital in which the applicant trained or held an appointment.

(2) The applicant must agree to govern himself or herself in accordance with the requirements set out in this By-law, the Rules of the Hospital and the Hospital policies.

(3) The applicant must indicate to the Credentials Committee adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgment.

 (4) There is a need for the services in the community.

**2.2.3 Term**

(1) Each appointment to the dental staff shall be for one (1) year, but shall continue in effect until the Board has made appointments for the ensuing year.

**2.3 Re-Appointment**

**2.3.1 Application for Re-Appointment and Performance Review**

(1) Upon recommendation by the Medical Advisory Committee, the Board shall establish and approve a process for the annual performance review of each member of the dental staff.

(2) Each year each member of the dental staff shall make a written application for re-appointment to the dental staff of the Hospital in the prescribed form.

(3) Where a member of the dental staff has applied for re-appointment, the Chief of Department shall make a written report to the Medical Advisory Committee, which report shall address:72

(a) the applicant’s performance review for the past year conducted in accordance with the process prescribed in subsection 2.3.1(1);

 (b) the applicant’s health during the past year;

(c) the applicant’s plans for any changes in type or level of service provided and reasons therefore;

(d) the applicant’s practice succession plan and/or retirement plans, if any; and

 (e) any other matter listed in section 2.2.2.

(4) The application for re-appointment to the dental staff of the Hospital shall be processed in the same manner as set out in section 2.2.1.

**2.3.2 Criteria for Re-Appointment to the Dental Staff**

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

 (a) continue to meet the criteria set out in section 2.2.2; and

 (b) have demonstrated an appropriate use of Hospital resources.

**2.3.3 Refusal to Re-Appoint**

(1) In a manner consistent with the provisions of the *Public Hospitals Act*73 and in accordance with the Regulations thereunder, the Board may refuse to re-appoint a member of the dental staff.

**2.4 Change of Privileges**

**2.4.1 Application for Change of Privileges**

(1) Where a dentist wishes to change his or her privileges, the dentist shall make a written application, in the prescribed form, listing the change of privileges which is requested and shall submit evidence of appropriate training and competence in respect of the privileges being requested.

(2) An application for a change in privileges made by a member of the dental staff shall be processed in the same manner as set out in section 2.2.1.

**2.5 Mid-Term Action**

**2.5.1 Mid-Term Action**

(1) In a manner consistent with the *Public Hospitals Act* and in accordance with the Regulations thereunder and this By-law, the Board at any time may revoke or suspend any appointment of a member of the dental staff, or dismiss, suspect, restrict or otherwise deal with the privileges of the member.

(2) Mid-term action in respect of a member of the dental staff, shall be processed in accordance with, and in the same manner provided in part 6 of this By-law.

**2.6 Dental Staff Duties**

**2.6.1 Dental Staff Duties**

(1) Each member of the dental staff is accountable to and shall recognize the authority of the Board through and with their Chief of Department, the Chief of Staff, the Program Medial Director, and the Chief Executive Officer.

 (2) Each member of the dental staff shall,

(a) attend and treat patients within the limits of the privileges granted by the Board unless the privileges are otherwise restricted;

(b) notify the Chief Executive Officer of any change in the Certificate of Registration of the Royal College of Dental Surgeons of Ontario, and in the case of an oral and maxillofacial surgeon, the Specialty Certificate of Registration with the Royal College of Dental Surgeons of Ontario;

(c) give such instruction as is required for the education of other members of the dental, medical, midwifery, extended class nursing staff and Hospital staff.

(d) abide by the Rules of the Hospital, this By-law, the *Public Hospitals Act*, the Regulations thereunder and all other legislated requirements;

(e) perform such other duties as may be prescribed from time to time by, or under the authority of the Board, the Medical Advisory Committee or the Chief of Staff; and

 (f) provide consultations on patients as are required.

(3) Every member of the dental staff who is an oral and maxillofacial surgeon and who holds a valid Specialty Certificate from the Royal College of Dental Surgeons of Ontario authorizing practice in oral and maxillofacial surgery shall have admitting privileges unless otherwise specified in their appointment to the dental staff.

 (4) Every member of the dental staff shall co-operate with,

 (a) the Chief of Staff and the Medical Advisory Committee;

 (b) the Head of Dental Service;

 (c) the Chief of Department of Surgery; and

 (d) the Chief Executive Officer; and

 (e) the Program Medical Director.

**2.6.2 Monitoring Aberrant Practices**

(1) Where any member of the medical, dental, midwifery, extended class nursing or Hospital staff believes that a member of the medical staff is attempting to exceed his or her privileges or is temporarily incapable of providing a service that he or she is about to undertake, the belief shall be communicated immediately to the Chief of Department, the Chief of Staff, the Program Medical Director and to the Chief Executive Officer.

**2.6.3 Viewing Therapeutic Actions, Operations or Procedures**

(1) Any therapeutic action, operation or procedure performed in the Hospital may be viewed without the permission of the dentist by,

 (a) the Chief of Staff or delegate; or

 (b) the Chief of the Department, or delegate; or

 (c) the Program Medical Director.

**2.6.4 Transfer of Responsibility**

(1) Pursuant to the Hospital Management Regulation74 whenever the responsibility for the care of a patient of a member of the dental staff is transferred to another member of the dental staff, a written notation by the dental staff member who is transferring the care over to another shall be made and signed on the patient’s medical record and the name of the dental or medical staff member assuming the responsibility shall be noted in the patient’s medical record and the dental or medical staff member assuming the responsibility shall be notified immediately.

(2) Where a supervisor of a dentist, the Chief of Department, the Program Medical Director75, or the Chief of Staff becomes aware that, in his or her opinion a serious problem exists in the care or treatment of one or more patients or out-patients of a dentist, the supervisor, Chief of Department or Chief of Staff, as the case may be, shall forthwith discuss the condition, care and treatment of the patient or out-patient with the attending dentist and if changes in the care or treatment satisfactory to the supervisor, Chief of Department or Chief of Staff, as the case may be, are not made promptly, he or she shall assume forthwith the duty of investigating, prescribing for and treating the patient or out-patient, as the case may be, and shall notify the attending dentist, the Chief Executive Officer and if possible, the patient or out-patient, that the member of the dental staff who was in attendance will case forthwith to have any hospital privileges as the attending dentist for the patient or out-patient.

(3) Where a supervisor, Chief of Department or Chief of Staff, as the case may be, is responsible under section (2) is unable to discuss the problem with the attending dentist as required by subsection (2), the supervisor, the Chief of Department or Chief of Staff, as the case may be, shall proceed with his or her duties as prescribed in this subsection (2) as if he or she had had the discussion with the attending dentist.

(4) Where a supervisor, Chief of Department or Chief of Staff, as the case may be, has cause to take over the care of a patient, the Chief Executive Officer, the Program Medical Director, the attending dentist and the patient, shall be notified as soon as possible or, in the case where the patient is mentally incompetent, the patient’s substitute decision maker, shall be notified as soon as possible.

**2.1 Dental Service**

**2.7.1 Dental Service**

(1) The dental staff shall function as a service within the department of surgery.

**2.7.2 Head of Dental Service**

(1) Where the Board has appointed more than one (1) dentist to the staff of the dental service, one (1) of the members of the dental staff shall, subject to annual confirmation by the Board, be appointed by the Board annually for a term of three (3) years to be the Head of Dental Service upon the recommendation of the Chief of Surgery.

(2) The Board may at any time revoke or suspend the appointment of the Head of Dental Service.

**2.7.3 Duties of the Head of Dental Service**

(1) The Head of the Dental Service shall supervise the professional care given by all member of the dental staff and shall be responsible to the Chief of the Department of Surgery for the quality of care rendered to patients by members of the dental staff.

**2.8 Meetings – Dental Staff**

**2.8.1 Attendance By Dental Staff at Medical Staff Meetings**

(1) A member of the dental staff may attend medical staff meetings but shall not be eligible to vote at a medical staff meeting.

**2.9 Dental Staff Elected Officers**

**2.9.1 Eligibility To Hold A Medical Staff Office**

(1) A member of the dental staff is not eligible to hold office other than Head of Dental Service.

**3. MIDWIFERY STAFF**

**3.1 APPOINTMENT OF MIDWIFERY STAFF**

(1) The Board, on the advice of the Medical Advisory Committee, may appoint, annually, one or more midwives to the midwifery staff of the Hospital and shall delineate the privileges for each midwife.

**3.2 Appointment to Midwifery Staff**

**3.2.1 Application for Appointment to the Midwifery Staff**

(1) An application for appointment to the midwifery staff shall be processed consistent with the provisions of the *Public Hospitals Act* and in accordance with the Regulations thereunder, and this By-law.

(2) On request, The Chief Executive Officer shall supply a copy of the By-laws, the Rules of the Hospital, the *Public Hospitals Act* and the Regulations thereunder to each midwife who expresses in writing the intention to apply for appointment to the midwifery staff.

(3) An applicant for appointment to the midwifery staff shall submit one (1) original written application to the Chief Executive Officer.

 (4) Each application shall contain,

(a) a statement by the applicant that he or she has read the *Public Hospitals Act* and the Hospital Management Regulation thereunder, and by By-laws and Rules of the Hospital;

(b) an undertaking that, if he or she is appointed to the midwifery staff of the Hospital, he or she will govern himself or herself in accordance with the requirements set out in the By-laws and the Rules of the Hospital;

(c) evidence of midwifery practice protection coverage satisfactory to the Board;

(d) a list of the privileges which are requested;

(e) an up-to-date curriculum vitae;

(f) a list of three (3) appropriate referees; including one (1) from a physician who is active in obstetrics and who has worked with the midwife;

(g) information of any previous disciplinary proceeding where there was an adverse finding;

(h) information of any civil suit where there was a finding of negligence or battery;

(i) a signed consent authorizing any midwifery regulatory body or referee to provide a report on,

(i) any action taken by its disciplinary or fitness to practice committee, and

(ii) whether his or her privileges have been curtailed or cancelled by any midwifery regulatory body or by another hospital because of incompetence, negligence, incapacity or any act of professional misconduct; and

(j) a current certificate of Professional Conduct from the College of Midwives of Ontario and consent to the release of information from the Registrar of the College.

(5) Each applicant shall visit the Hospital for an interview with appropriate members of the medical and midwifery staff and the Chief Executive Officer or his or her delegate.

(6) The Chief Executive Officer shall retain a copy of the application and shall refer the original application immediately to the Medical Advisory Committee through its Chair who shall keep a record of each application received and then refer the original application to the Chair of the Credentials Committee.

(7) Each application shall be considered by the Medical Advisory Committee which shall make a recommendation thereon in writing to the Board within sixty (60) days from the date of the application.

(8) The Hospital and the Medical Advisory Committee shall deal with the application in accordance with the *Public Hospitals Act* and the procedure set out in subsections 5.1(1) to (7) and 5.2(1) to (13) of this By-law.

**3.2.2 Criteria For Appointment to the Midwifery Staff**

(1) Only an applicant qualified to practice midwifery and who holds a current, valid Certificate of Registration with the College of Midwives of Ontario is eligible to be a member of and appointed to the midwifery staff of the Hospital.

 (2) The applicant will have,

(a) a certificate of Registration with the College of Midwives of Ontario;

(b) a current certificate of Professional Conduct from the College of Midwives of Ontario;

(c) a demonstrated ability to provide patient care at an appropriate level of quality and efficiency;

(d) a demonstrated ability to communicate, work with and relate to all members of the midwifery, medical, dental, extended class nursing staff and Hospital staff in a co-operative and professional manner;

(e) a demonstrated ability to communicate and relate appropriately with patients and patient’s relatives;

(f) a willingness to participate in the discharge of staff obligations appropriate to his or her membership group;

(g) adequate training and experience for the privileges requested;

(h) evidence of midwifery practice protection coverage satisfactory to the Board; and

(i) a report on, among other things, the experience, competence and reputation of the applicant from the Chief of Staff or the Chief of Department in the last hospital or facility in which the applicant trained or held an appointment, if possible, or where such report is not available, a report from any other physician where the physician has had direct knowledge of the midwife’s experience, competence and reputation.

(3) The applicant must agree to govern himself or herself in accordance with the requirements set out in this By-law, the Rules of the Hospital and the Hospital policies.

(4) The applicant must indicate to the Credentials Committee adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgment.

 (5) There is a need for the services in the community.

**3.2.3 Term**

(1) Each appointment to the midwifery staff shall be for one (1) year, but shall continue in effect until the Board has made appointments for the ensuing year.

**3.3 Re-Appointment**

**3.3.1 Application for Re-Appointment and Performance Review**

(1) Upon recommendation by the Medical Advisory Committee, the Board shall establish and approve a process for the annual performance review of each member of the midwifery staff.

(2) Each year each member of the midwifery staff shall make a written application for re-appointment to a group of the midwifery staff of the Hospital in the prescribed form.

(3) Where a member of the midwifery staff has applied for re-appointment, the Chief of Department shall make a written report to the Medical Advisory Committee, which report shall address:76

(a) the applicant’s performance review for the past year conducted in accordance with the process prescribed in subsection 3.3.1(1);

 (b) the applicant’s health during the past year;

(c) the applicant’s plans for any changes in type or level of service provided and reasons therefore;

(d) the applicant’s practice succession plan and/or retirement plans, if any; and

 (e) any other matter listed in section 3.2.2.

(4) The application for re-appointment to a group of the midwifery staff of the Hospital shall be processed in the same manner as set out in section 3.2.1.

**3.3.2 Criteria for Re-Appointment to the Midwifery Staff**

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

 (a) continue to meet the criteria set out in section 3.2.2; and

 (b) have demonstrated an appropriate use of Hospital resources.

**3.3.3 Refusal to Re-Appoint**

(1) In a manner consistent with the provisions of the *Public Hospitals Act*71 and in accordance with the Regulations thereunder, the Board may refuse to re-appoint a member of the midwifery staff.

**3.4 Change of Privileges**

**3.4.1 Application for Change of Privileges**

(1) Where a midwife wishes to change his or her privileges, the midwife shall make a written application, in the prescribed form, listing the change of privileges which is requested and shall submit evidence of appropriate training and competence in respect of the privileges being requested.

(2) An application for a change in privileges made by a member of the midwifery staff shall be processed in the same manner as set out in section 3.2.1.

**3.5 Mid-Term Action**

**3.5.1 Mid-Term Action**

(1) In a manner consistent with the *Public Hospitals Act* and in accordance with the Regulations thereunder and this By-law, the Board at any time may revoke or suspend any appointment of a member of the midwifery staff, or dismiss, suspect, restrict or otherwise deal with the privileges of the member.

1. Mid-term action in respect of a member of the midwifery staff, shall be processed in accordance with, and in the same manner provided in part 6 of this By-law.

**3.6 Midwifery Staff Groups**

**3.6.1 Midwifery Staff Groups**

 (1) The midwifery staff shall be divided into the following groups:

 (a) active;

 (b) associate;

 (c) courtesy;

 (d) locum tenens; and

 (e) temporary.

**3.6.2 Active Midwifery Staff**

(1) The active midwifery staff shall consist of those midwives who have been appointed as active midwifery staff by the Board.

(2) Except where approved by the Board, no midwife with an active midwifery staff appointment at another hospital shall be appointed to the active midwifery staff72.

(3) Every midwife applying for appointment to the active midwifery staff may be assigned to the associate midwifery staff for a probationary period if the Board so required.

(4) Each member of the active medical staff is responsible for ensuing that midwifery care is provided to his or her patients in the Hospital.

(5) All active midwifery staff members shall have admitting privileges unless otherwise specified in their appointment to the midwifery staff.

 (6) Each member of the active midwifery staff shall,

(a) undertake such duties in respect to those patients classed as emergency cases as may be specified by the Chief of Staff or by the Chief of the Department to which the midwife has been assigned;

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

(c) act as a supervisor of a member of the midwifery staff when requested by the Chief of Staff or the Chief of Department.

**3.6.3 Associate Midwifery Staff**

(1) Each associate midwifery staff member shall have admitting privileges unless otherwise specified in the appointment.

(2) An associate midwifery staff member shall work for a probationary period under the supervision of an active medical staff or midwifery staff member named by the Chief of Staff on the recommendation of the Chief of the Department to which the associate midwifery staff member has been assigned.

(3) A supervisor shall carry out the duties in accordance with the Rules of the Hospital.

(4) After one (1) year the appointment of a midwife to the associate midwifery staff shall be reviewed by the Credentials Committee who shall report to the Medical Advisory Committee.

(5) The Medical Advisory Committee may recommend that the midwife be appointed to the active midwifery staff or may require to be subject to a further probationary period not longer than six (6) months.

(6) The Chief of Department, upon the request of an associate midwifery staff member or a supervisor, may assign the associate midwifery staff member to a different supervisor for a further probationary period.

(7) At any time an unfavourable report may cause the Medical Advisory Committee to consider making a recommendation to the Board that the appointment of the associate midwifery staff member be terminated.

(8) No member of the midwifery staff shall be appointed to the associate midwifery staff for more than eighteen (18) consecutive months.

 (9) An associate midwifery staff member shall,

(a) attend physicians, and undertake treatment and procedures under supervision in accordance with the kind and degree of privileges granted by the Board on the recommendation of the Medical Advisory Committee; and

(b) undertake such duties in respect to those patients classed as emergency cases as may be specified by the Chief of the Department to which the midwife has been assigned.

**3.6.4 Courtesy Midwifery Staff**

(1) The Board may grant a midwife an appointment to the courtesy midwifery staff73 in one or more of the following circumstances:

(a) the applicant has an active midwifery staff commitment at another hospital; or

(b) the applicant lives at such remote distance from the Hospital that it limits full participation in active midwifery staff duties, but he or she wishes to maintain an affiliation with the Hospital; or

(c) the applicant has a primary commitment to, or contractual relationship with, another community or organization; or

(d) the applicant requests access to limited Hospital resources or out-patient programs or facilities; or

(e) where the Board deems it otherwise advisable.

(2) (a) The Board may grant a midwife an appointment to the courtesy midwifery staff with such privileges as the Board deems advisable. Privileges to admit patients shall be granted under specified circumstances; and

(b) The circumstances leading to an appointment under this section shall be specified by the midwife on each application for re-appointment.

**3.6.5 Locum Tenens**

(1) The Medical Advisory Committee upon the request of a member of the midwifery staff may recommend the appointment of a locum tenens as a planned replacement for that midwife for a specified period of time.

 (2) A locum tenens shall,

 (a) have admitting privileges unless otherwise specified;

(b) work under the counsel and supervision of a member of the active medical or midwifery staff who has been assigned this responsibility by the Chief of Staff or his or her delegate;

(c) attend patients assigned by his or her care by the active medical or midwifery staff member by whom he or she is supervised, and shall treat them within the professional privileges granted by the Board on the recommendation of the Medical Advisory Committee; and

(d) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Staff or by the Chief of the Department to which the physician has been assigned.

**3.6.6 Temporary Midwifery Staff**

(1) A temporary appointment of a midwife to the medical staff may be made only for one of the following reasons:

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

 (b) to meet an urgent unexpected need for a midwifery service.

(2) Notwithstanding any other provision in this By-law, the Chief Executive Officer, after consultation with the Chief of Staff or his or her delegate, may,

(a) grant a temporary appointment to a midwife who is not a member of the midwifery 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.

(3) A temporary appointment shall not include privileges to admit patients.

**3.7 Midwifery Staff Duties**

**3.7.1 Midwifery Staff Duties**

(1) Each member of the midwifery staff is accountable to and shall recognize the authority of the Board through and with their Chief of Department, the Program Director, the Chief of Staff, and the Chief Executive Officer.

 (2) Each member of the midwifery staff shall,

(a) attend and treat patients within the limits of the privileges granted by the Board, unless the privileges are otherwise restricted;

(b) notify the Chief Executive Officer of any change in the Certificate of Registration with the College of Midwives of Ontario;

(c) give such instruction as is required for the education of other members of the midwifery, medical, dental, extended class nursing staff and Hospital staff;

(d) abide by the Rules of the Hospital, this By-law, the *Public Hospitals Act* and the Regulations thereunder and all other legislated requirements;

‘(e) perform such other duties as may be prescribed from time to time, or under the authority of the Board, the Medical Advisory Committee or the Chief of Staff; and

(f) provide consultations on patients as required.

1. Each member of the midwifery staff shall cooperate with,

(a) the Chief of Staff and Medical Advisory Committee;

(b) the Head Midwife;

 (c) the Chief Executive Officer; and

 (d) the Program Medical Director.

(4) Each member of the active and associate midwifery staff groups and the courtesy midwifery staff where required shall attend 70 percent (70%) of the meetings of the department of which he or she is a member.

**3.7.2 Monitoring Aberrant Practices**

(1) Where any member of the medical, dental, midwifery, extended class nursing or Hospital staff believes that a member of the midwifery staff is attempting to exceed his or her privileges or is temporarily incapable of providing a service that he or she is about to undertake, the belief shall be communicated immediately to the Chief of Department, the Program Medical Director, the Chief of Staff and the Chief Executive Officer.

**3.7.3 Viewing Deliveries, Therapeutic Actions or Procedures**

(1) Any delivery, therapeutic action or procedure performed in the Hospital may be viewed without the permission of the midwife by,

 (a) the Chief of Staff or delegate; or

 (b) the Chief of the Department or delegate; or

 (c) the Program Medical Director.

**3.7.4 Transfer of Responsibility**

(1) Pursuant to the Hospital Management Regulation141 whenever the responsibility for the care of a patient of a midwife is transferred to another member of the midwifery staff or the medical staff, a written notation by the midwifery staff member who is transferring the care over to another shall be made and signed on the patient’s medical record and the name of the midwifery staff member or medical staff member assuming the responsibility shall be noted in the patient’s medical record and the midwife or the medical staff member assuming the responsibility shall be notified immediately.

(2) Where a supervisor of a midwife, the Chief of Department, the Program Medical Director142, or the Chief of a Staff becomes aware that, in his or her opinion a serious problem exists in the care or treatment of one or more patients or out-patients of a midwife, the supervisor, Chief of Department or Chief of Staff, as the case may be, shall forthwith discuss the condition, care and treatment of the patient or out-patient with the attending midwife and it changes in the care or treatment satisfactory to the supervisor, Chief of Department or Chief of Staff, as the case may be, are not made promptly, he or she shall assume forthwith the duty of investigating, prescribing for and treating the patient or out-patient, as the case may be, and shall notify the attending midwife, the Chief Executive Officer and if possible, the patient or out-patient, that the member of the midwifery staff who was in attendance will cease forthwith to have any hospital privileges as the attending midwife for the patient or out-patient.

(3) Where a supervisor, Chief of Department or Chief of Staff, as the case may be, is responsible under subsection (2) is unable to discuss the problem with the attending midwife as required by subsection (2), the supervisor, Chief of Department or Chief of Staff, as the case may be, shall proceed with his or her duties as prescribed in this subsection (2) as if he or she had had the discussion with the attending midwife.

(4) Where a supervisor, the Chief of Department or Chief of Staff, as the case may be, has cause to take over the care of a patient, the Chief Executive Officer, the Program Medical Director, the attending midwife and the patient, shall be notified as soon as possible or, in the case where the patient is mentally incompetent, the patient’s substitute decision maker shall be notified as soon as possible.

**3.8 Midwifery Staff**

**3.8.1 Midwifery Staff: Function Within Medical Staff Department**

(1) The midwifery staff shall function within the Obstetrical Department143.

**3.8.2 Head Midwife**

(1) Where the Board has appointed more than one (1) midwife to the midwifery staff, one (1) of the members of the midwifery staff shall, subject to annual confirmation by the Board, be appointed by the Board upon the recommendation of the Medical Advisory Committee annually for a term of three (3) years to be the Head Midwife upon the recommendation of the Chief of Staff144, and in communication with the Program Medical Director.

(2) The Board may at any time revoke or suspend the appointment of the Head Midwife.

**3.8.3 Duties of the Head Midwife**

(1) The Head Midwife shall supervise the professional care given by all members of the midwifery staff and shall be responsible to the Chief of Staff145 for the quality of care rendered to patients by members of the midwifery staff.

**3.9 Meetings**

**3.9.1 Attendance By Midwifery Staff At Medical Staff Meetings**

(1) A member of the midwifery staff may attend medical staff meetings but shall not be eligible to vote at a medical staff meeting.

**3.10 Midwifery Staff Elected Officers**

**3.10.1 Eligibility To Hold A Medical Staff Office**

(1) A member of the midwifery staff is not eligible to hold an office of the medical staff other than Head Midwife.

**4. EXTENDED CLASS NURSING STAFF146**

**4.1 Appointment of Extended Class Nursing Staff**

(1) The Board, on the advice of the Medical Advisory Committee, may appoint, annually, one or more registered nurses in the extended class who are not employees of the Hospital to the extended class nursing staff of the Hospital and shall delineate the privileges with respect to diagnosing, prescribing for or treating out-patients in the Hospitals141.

**4.2 APPOINTMENT TO EXTENDED CLASS NURSING STAFF**

**4.2.1 Application for Appointment to the Extended Class Nursing Staff**

(1) An application for appointment to the extended class nursing staff shall be processed consistent with the provisions of the *Public Hospitals Act* and in accordance with the Regulations thereunder, and this By-law.

(2) On request, The Chief Executive Officer shall supply a copy of the By-laws, the Rules of the Hospital, the *Public Hospitals Act* and the Regulations thereunder, to each registered nurse in the extended class who expresses in writing the intention to apply for appointment to the extended class nursing staff.

(3) An applicant for appointment to the extended class nursing staff shall submit one (1) original written application to the Chief Executive Officer.

 (4) Each application shall contain,

(a) a statement by the applicant that he or she has read the *Public Hospitals Act* and the Hospital Management Regulation thereunder, and by By-laws and Rules of the Hospital;

(b) an undertaking that, if he or she is appointed to the extended class nursing staff of the Hospital, he or she will govern himself or herself in accordance with the requirements set out in the By-laws and the Rules of the Hospital;

(c) evidence of appropriate protection coverage for practice as a registered nurse in the extended class satisfactory to the Board;

(d) a list of the privileges which are requested;

(e) an up-to-date curriculum vitae;

(f) a list of three (3) appropriate referees; including one (1) from a physician who has worked with the registered nurse in the extended class;

(g) information of any previous disciplinary proceeding where there was an adverse finding;

(h) information of any civil suit where there was a finding of negligence or battery;

(i) a signed consent authorizing the College of Nurses of Ontario, and any other governing regulatory body or referee, to provide a report on,

(i) any action taken by its disciplinary or fitness to practice committee, and

(ii) whether his or her privileges have been curtailed or cancelled by the College of Nurses of Ontario, or by any other governing regulatory body, or by another hospital because of incompetence, negligence, incapacity or any act of professional misconduct; and

(j) a current Annual Registration Payment Card from the College of Nurses of Ontario and consent to the release of information from the Registrar of the College.

(5) Each applicant shall visit the Hospital for an interview with appropriate members of the medical staff and the extended class nursing staff and the Chief Executive Officer or his or her delegate.

(6) The Chief Executive Officer shall retain a copy of the application and shall refer the original application immediately to the Medical Advisory Committee through its Chair who shall keep a record of each application received and then refer the original application to the Chair of the Credentials Committee.

(7) Each application shall be considered by the Medical Advisory Committee which shall make a recommendation thereon in writing to the Board within sixty (60) days from the date of the application.

(8) The Hospital and the Medical Advisory Committee shall deal with the application in accordance with the *Public Hospitals Act* and the procedure set out in subsections 5.1(1) to (7) and 5.2(1) to (13) of this By-law.

**4.2.2 Criteria for Appointment to the Extended Class Nursing Staff**

‘(1) Only an applicant qualified to practice as a registered nurse in the extended class and who holds a current, valid Annual Registration Payment Card as a registered nurse in the extended class with the College of Nurses of Ontario and is not an employee of the Hospital is eligible to be a member of and appointed to the extended class nursing staff of the Hospital.

(2) The applicant will have,

(a) an Annual Registration Payment Card as a registered nurse in the extended class with the College of Nurses of Ontario;

(b) a demonstrated ability to provide patient care at an appropriate level of quality and efficiency;

(c) a demonstrated ability to communicate, work with and relate to all members of the extended class nursing staff, medical staff, dental staff, midwifery staff, and Hospital staff in a co-operative and professional manner;

(d) a demonstrated ability to communicate and relate appropriately with patients and patients’ relatives;

(e) a willingness to participate in the discharge of staff obligations appropriate to his or her membership group;

(f) adequate training and experience for the privileges requested;

(g) evidence of appropriate protection coverage for practice as a registered nurse in the extended class satisfactory to the Board; and

(h) a report on, among other things, the experience, competence and reputation of the applicant from the Chief of Staff, Chief of Department in the last hospital or facility in which the applicant trained or held an appointment; if possible, or where such report is not available, a report from any other physician where the physician has had direct knowledge of the registered nurse in the extended class experience, competence and reputation142.

(3) The applicant must agree to govern himself or herself in accordance with the requirements set out in this By-law, the Rules of the Hospital and the Hospital policies.

(4) The applicant must indicate to the Credentials Committee adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgment.

(5) There is a need for the services in the community.

**4.2.3 Term**

(1) Each appointment to the extended class nursing staff shall be for one (1) year, but shall continue in effect until the Board has made appointments for the ensuing year.

**4.3 Re-Appointment**

**4.3.1 Application for Re-Appointment and Performance Review**

(1) Upon recommendation by the Medical Advisory Committee, the Board shall establish and approve a process for the annual performance review of each member of the extended class nursing staff.

(2) Each year each member of the extended class nursing staff shall make a written application for re-appointment to a group of the extended class nursing staff of the Hospital in the prescribed form.

(3) Where a member of the extended class nursing staff has applied for re-appointment, the Chief of Department shall make a written report to the Medical Advisory Committee, which report shall address:143

(a) the applicant’s performance review for the past year conducted in accordance with the process prescribed in subsection 4.3.1(1);

(b) the applicant’s health during the past year;

(c) the applicant’s plans for any changes in type or level of service provided and reasons therefore;

(d) the applicant’s practice succession plans and/or retirement plans, if any; and

(e) any other matter listed in section 4.2.2.

(4) The application for re-appointment to a group of the extended class nursing staff of the Hospital shall be processed in the same manner as set out in section 4.2.1.

**4.3.2 Criteria For Re-Appointment to the Extended Class Nursing Staff**

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

 (a) continue to meet the criteria set out in section 4.2.2; and

 (b) have demonstrated an appropriate use of Hospital resources.

**4.3.3 Refusal to Re-Appoint**

(1) In a manner consistent with the provisions of the *Public Hospitals Act*150 and in accordance with the Regulations thereunder, the Board may refuse to re-appoint a member of the extended class nursing staff.

**4.4 Mid-Term Action**

**4.4.1 Mid-Term Action**

(1) In a manner consistent with the *Public Hospitals Act* and in accordance with the Regulations there under and this By-law, the Board at any time may revoke or suspend any appointment of a registered nurse in the extended class or dismiss, suspect, restrict or otherwise deal with the privileges of the member.

(2) Mid-term action in respect of a member of the extended class nursing staff, shall be processed in accordance with, and in the same manner provided in part 6 of this By-law.

**4.5 Extended Class Nursing Staff Groups**

**4.5.1 Extended Class Nursing Staff Groups**

(1) Extended class nursing staff may be divided into the following groups:

 (a) courtesy; and

 (b) locum tenens.

**4.5.2 Courtesy Extended Class Nursing Staff**

(1) The Board may grant a registered nurse in the extended class, who is not an employee of the Hospital, an appointment to the courtesy extended class nursing staff to registered out-patients in the Hospital to diagnose, prescribe for or treat out-patients.

**4.5.3 Locum Tenens Extended Class Nursing Staff**

(1) The Medical Advisory Committee upon the request of a member of the extended class nursing staff may recommend the appointment of a locum tenens as a planned replacement for that registered nurse in the extended class for a specified period of time.

 (2) A locum tenens shall,

(a) registered out-patients in the Hospital to diagnose, prescribe for or treat such out-patients; and

(b) work under the counsel and supervision of a member of the active medical or courtesy extended class nursing staff who has been assigned this responsibility by the Chief of Staff or his or her delegate;

**4.6 Extended Class Nursing Staff Duties**

**4.6.1 Extended Class Nursing Staff Duties**

(1) Each member of the extended class nursing staff is accountable to and shall recognize the authority of the Board through and with their Chief of Department, the Program Director, the Chief of Staff, and the Chief Executive Officer.

 (2) Each member of the extended class nursing staff shall,

(a) register a person as an out-patient for purposes of diagnosing, prescribing for or treating out-patients in the Hospital;

(b) notify the Chief Executive Officer of any change in the class of registration on the Annual Registration Payment Card from the College of Nurses of Ontario;

(c) give such instruction as is required for the education of other members of the extended class nursing staff medical staff, dental staff, midwifery staff and Hospital staff;

(d) abide by the Rules of the Hospital, this By-law, the *Public Hospitals Act* and the Regulations thereunder and all other legislated requirements; and

(e) co-operate with,

(i) the Chief of Staff and the Medical Advisory Committee,

 (ii) the Chief of Family Practice151,

 (iii) the Chief Executive Officer; and

 (iv) the Program Medical Director.

(f) perform such other duties as may be prescribed from time to time by, or under the authority of the Board, the Medical Advisory Committee or the Chief of Staff.

**4.6.2 Monitoring Aberrant Practices**

(1) Where any member of the medical, dental, midwifery, extended class nursing or Hospital staff believes that a member of the extended class nursing staff is attempting to exceed his or her privileges or is temporarily incapable of providing a service that he or she is about to undertake, the belief shall be communicated immediately to the Chief of Family Practice, the Chief of Staff, the Chief Executive Officer, and the Program Medical Director.

**4.6.3 Viewing Therapeutic Actions or Procedures**

(1) Any therapeutic action or procedure performed in the Hospital may be viewed without the permission of a member of the extended class nursing staff by,

 (a) the Chief of Staff or delegate; or

 (b) the Chief of the Department or delegate; or

 (c) the Program Medical Director.

**4.6.4 Transfer of Responsibility**

(1) Pursuant to the Hospital Management Regulation152 whenever the responsibility for the care of an out-patient of a member of the extended class nursing staff is transferred to another member of the extended class nursing staff or the medical staff, a written notation by the extended class nursing staff member who is transferring the care over to another shall be made and signed on the patient’s medical record and the name of the extended class nursing staff member or medical staff member assuming the responsibility shall be noted in the patient’s medical record and the member of the extended class nursing staff or the medical staff member assuming the responsibility shall be notified immediately.

(2) Where a supervisor of a member of the extended class nursing staff, the Chief of Family Practice, the Chief of a Staff, or Program Medical Director153, becomes aware that, in his or her opinion a serious problem exists in the care or treatment of one or more out-patients of a member of the extended class nursing staff, the supervisor, Chief of Family Practice or Chief of Staff, as the case may be, shall forthwith discuss the condition, care and treatment of the out-patient with the attending member of the extended class nursing staff and it changes in the care or treatment satisfactory to the supervisor, Chief of Family Practice or Chief of Staff, as the case may be, are not made promptly, he or she shall notify the attending member of the extended class nursing staff, the Chief Executive Officer and if possible, the out-patient, that the member of the extended class nursing staff who was in attendance will cease forthwith to have any hospital privileges as the attending member of the extended class nursing staff for the out-patient.

(3) Where a supervisor, Chief of Family Practice or Chief of Staff, as the case may be, is responsible under subsection (2) is unable to discuss the problem with the attending member of the extended class nursing staff as required by subsection (2), the supervisor, Chief of Family Practice Chief of Staff, as the case may be, shall proceed with his or her duties as prescribed in this subsection (2) as if he or she had had the discussion with the attending member of the extended class nursing staff.

(4) Where a supervisor, the Chief of Family Practice or Chief of Staff, as the case may be, has cause to take over the care of an out-patient of a member of the extended class nursing staff, the Chief Executive Officer, the Program Medical Director, the attending member of the extended class nursing staff and the patient, shall be notified as soon as possible or, in the case where the patient is mentally incompetent, the patient’s substitute decision maker shall be notified as soon as possible.

**4.7 Extended Class Nursing Staff**

**4.7.1 Extended Class Nursing Staff: Function Within Medical Staff Department**

(1) The extended class nursing staff shall function within the Department of Family Practice.

**4.8 Meetings**

**4.8.1 Attendance By Extended Class Nursing Staff At Medical Staff Meetings**

(1) A member of the extended class nursing staff may attend medical staff meetings, but shall not be eligible to vote at a medical staff meeting.

**4.9 Extended Class Nursing Staff Elected Officers**

**4.9.1 Eligibility To Hold A Medical Staff Office**

(1) A member of the extended class nursing staff is not eligible to hold an office of the medical staff.

**5. THE MEDICAL ADVISORY COMMITTEE AND BOARD PROCESS FOR APPLICATIONS, RE-APPLICATIONS, CHANGES IN PRIVILEGES AND MID-TERM ACTION**

**5.1 THE MEDICAL ADVISORY COMMITTEE MEETING**

(1) In the case of an application for appointment, reappointment or change in privileges, within sixty (60) days from the date of the application, the Medical Advisory Committee shall give written notice to the Board and the applicant or member, as the case may be, of its recommendation154.

(2) In the case of midterm action, within fourteen (14) days from the date of the Medical Advisory Committee meeting, the Medical Advisory Committee shall give written notice to the Board and the member of its recommendation.

 (3) The notice referred to in subsection (1) and (2) shall,

 (a) include the written reasons for the recommendation; and

(b) inform the applicant or member, as the case may be, that he or she is entitled to a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the applicant or member, as the case may be, of the written reasons under clause (a)155.

(4) The time period to provide a written notice required in subsection (1) or (2) may be extended, if, prior to the expiry of the time period, the Medical Advisory Committee gives written notice to the Board and the applicant or member, as the case may be, that the final recommendation cannot yet be made and provides written reasons therefor156.

(5) Service of a notice to the applicant or members may be made personally or by registered mail addressed to the person to be served at his or her unknown address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of the mailing unless the person to be served establishes that he or she did not, acting in good faith, through absence, accident, illness or other cause beyond his or her control receive it until a later date151.

(6) Where the applicant or member does not require a hearing by the hospital Board, the hospital Board may implement the recommendation of the Medical Advisory Committee152.

(7) Where the applicant or member requires a hearing by the hospital Board, the hospital Board shall appoint a place and a time for the hearing153.

(8) Where the member continues his or her duties at the hospital and the Chief of Department believes the member’s work should be scrutinized, the applicant or member’s work shall be scrutinized in a manner to be determined by the Chief of the Department.

(9) If at any time it becomes apparent that the member’s conduct, performance or competence is such that it exposes, or is reasonably likely to expose patient(s) to harm or injury and immediate action must be taken to protect the patients, then the procedures under immediate measures in an emergency situation shall be invoked160.

**5.2 The Board Hearing**

 (1) The hospital Board shall name a place and time for the hearing161.

(2) The hospital Board hearing shall be held within fourteen (14) days of the hospital Board receiving the notice from the applicant or member requesting a hearing.

(3) The hospital Board shall given written notice of the hearing to the applicant or member of the chair (or substitute) of the Medical Advisory Committee at least seven (7) days before the hearing date.

 (4) The notice of the hospital Board hearing shall include,

 (a) the place and time of the hearing;

 (b) the purpose of the hearing;

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

(d) a statement that the applicant or member may proceed in person or be represented by counsel, and that in his or her absence the hospital Board may proceed with the hearing and that the applicant or member will not be entitled to any further notice of the proceeding;

(e) a statement that the applicant or member may call witnesses and tender documents in evidence in support of his or her case; and

(f) a statement that the time for the hearing may be extended by the hospital Board.

(5) The parties to the hospital Board hearing are the applicant or member, the Medical Advisory Committee and such other persons as the hospital Board may specify162.

(6) The applicant or member requiring a hearing before the hospital Board shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any report the contents of which will be given in evidence at the hearing163.

(7) Members of the hospital Board holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing before the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or his or her representative, except upon notice to and an opportunity for all parties to participate164-165.

(8) The findings of fact of the hospital Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under sections 15 and 16 of the *Statutory Powers Procedure Act*166.

(9) The hospital Board shall consider only the reasons of the Medical Advisory Committee that have been given to the applicant or member in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the statement delivered to the applicant or member, the hospital Board may consider those reasons only if those reasons are given by the Medical Advisory Committee in writing to both the applicant or member, as the case may be, and the hospital Board and the applicant or member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons161.

(10) No member of the hospital Board shall participate in a decision of the hospital Board pursuant to a hearing unless he or she was present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the hospital Board shall be given unless all applicant or members so present participate in the decision162, 163.

(11) The hospital Board shall make a decision to either follow or not follow the recommendation of the Medical Advisory Committee.

(12) A written copy of the decision of the hospital Board and the written reasons for the decision shall be provided to the applicant or member, as the case may be, and to the Medical Advisory Committee14.

(13) Service of the notice of the decision and the written reasons to the applicant or member may be made personally or by registered mail addressed to the applicant or member at his or her last known address and, where the notice served by registered mail, it shall be deemed that the notice was served on the third day of the day of mailing unless the person to be served establishes that he or she did not, acting in good faith, through absence, accident, illness or other cause beyond his or her control receive it until a later date51, 52.

**6. MID-TERM ACTION**

**6.1 Non-Immediate Mid-Term Action**

**6.1.1 Preliminary Steps in Mid-Term Review**

*Criteria For Initiation*

(1) Mid-term action may be initiated whenever the member is alleged to have engaged in, made or exhibited acts, statements, demeanour or professional conduct, either within or outside of the hospital, and the same exposes, or is reasonably likely to expose patients to harm or injury, or the same is, or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the hospital, or the same is, or is reasonably likely to be, detrimental to hospital operations; or the same is, or is reasonably likely to continue abuse; or the same results in the imposition of sanctions by the professional College; or the same is contrary to the By-laws, hospital policies, the rules, the *Public Hospitals Act* or the regulations made thereunder or any other relevant law or legislated requirement.

 *Initiation*

(2) Where information is provided to the Chief Executive Officer, Chief of Staff, Chief of Department, or Program Medical Director, which raises concerns about any of the matters in section 6.1.1 (1), the information shall be in writing and shall be directed to the Chief Executive Officer, Chief of Staff, Chief of Department, or Program Medical Director53.

(3) If either the Chief Executive Officer, Chief of Staff, Chief of Department, or Program Medical Director, receives information about the conduct, performance or competence of a member, he or she shall inform the other individuals.

 *Initial Interview*

 (4) An interview shall be arranged with the member54.

(5) The member shall be advised of the information about his or her conduct, performance or competence and shall be given a reasonable opportunity to present relevant information on his or her own behalf.

(6) A written record shall be maintained reflecting the substance of the interview and copies shall be sent to the member, the Chief Executive Officer, the Chief of Staff, Chief of Department, and Program Medical Director.

(7) If the member fails or declines to participate in the interview after being given a reasonable opportunity, the appropriate action may be initiated55.

 *Investigation*

(8) The Chief of Staff, Chief of Department or Chief Executive Officer shall determine whether a further investigation is necessary56.

(9) The investigation may be assigned to an individual(s) within the hospital, the Medical Advisory Committee, a body within the hospital other than the Medical Advisory Committee or an external consultant.

(10) Upon completion of the investigation, the individual or body who conducted the investigation shall forward a written report to the Chief Executive Officer, Chief of Staff, the Chief of Department, and Program Medical Director. The member should be provided with a copy of the written report.

(11) The Chief of Staff, Chief of Department, Program Medical Director51, and Chief Executive Officer, shall review the report and determine whether any further action may be required.

**6.1.2 Request to the Medical Advisory Committee for Recommendation For**

 **Mid-Term Action**

(1) Where it is determined that further action may be required and the matter relates to the dismissal, suspension or restriction of a member’s hospital privileges and/or the quality of medical care or dental care in the hospital, the matter shall be referred to the Medical Advisory Committee who shall make a recommendation to the Board52.

(2) All requests for a recommendation for mid-term action must be submitted to the Medical Advisory Committee in writing and supported by reference to the specific activities or conduct which constitute grounds for the request.

(3) Where the matter is referred to the Medical Advisory Committee, a copy of any reports made by a body or consultant with respect to the matter shall be forwarded to the Medical Advisory Committee.

(4) The Medical Advisory Committee may initiate further investigation itself, establish an Ad Hoc Committee to conduct the investigation, refer the matter to an external consultant, dismiss the matter for lack of merit or determine to have a meeting of the Medical Advisory Committee53.

(5) Where the Medical Advisory Committee establishes an Ad Hoc Committee to conduct the investigation or refers the matter to an external consultant, that individual or body shall forward a written report of the investigation to the Medical Advisory Committee as soon as practicable after the completion of the investigation.

(6) Upon completion of its own investigation or upon receipt of the report by the body that conducted the investigation, as the case may be, the Medical Advisory Committee may either dismiss the matter for lack of merit or determine to have a meeting of the Medical Advisory Committee.

(7) Within twenty-one (21) days after receipt by the Medical Advisory Committee of the request for a recommendation for mid-term action, unless deferred, the Medical Advisory Committee shall determine whether a meeting of the Medical Advisory Committee is required to be held.

(8) If additional time is needed for the investigation process, the Medical Advisory Committee may defer action on the request. The Medical Advisory Committee must act within thirty (30) days of the deferral.

(9) If the Medical Advisory Committee determines that there is merit to proceed to a Medical Advisory Committee meeting, then the member is entitled to attend the meeting.

**6.1.3 The Medical Advisory Committee Meeting**

(1) At least fourteen (14) days prior to the Medical Advisory Committee meeting the member and the Medical Advisory Committee shall be given written notice of the Medical Advisory Committee meeting. The notice shall include,

 (a) the place and time of the meeting;

 (b) the purpose of the meeting;

(c) a statement that the member will be provided with a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation;

(d) a statement that the member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee and to present documents and witnesses;

(e) a statement that the parties are entitled to bring legal counsel to the meeting and consult with legal counsel, but that the legal counsel will not be entitled to participate in the meeting; and

(f) a statement that in the absence of the member, the meeting may proceed60.

(2) The Medical Advisory Committee secretary shall provide the member with a short but comprehensive statement of the matter to be considered by the Medical Advisory Committee, together with any relevant documentation, including any reports and other documentation which will be reviewed at the meeting61.

(3) At the meeting of the Medical Advisory Committee, a record of the proceeding shall be kept in the minutes of the Medical Advisory Committee meeting62.

(4) The member involved shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired63.

(5) Where the Medical Advisory Committee determines that the matter has not merit, this shall be noted in the minutes of the Medical Advisory Committee.

(6) Where the Medical Advisory Committee determines that the matter has merit, the Medical Advisory Committee shall make a recommendation to he Hospital Board64.

(7) Where the Medical Advisory Committee considers the matter at a Medical Advisory Committee meeting, then the procedure set out herein at subsections 5.1(1) to (3) and 5.2(1) to (7) of this By-law are to be followed.

**6.2 Immediate Mid-Term Action in an Emergency Situation**

**6.2.1 Immediate Steps**

(1) Where the conduct, performance or competence of a member exposes, or is reasonably likely to expose patient(s) to harm or injury and immediate action must be taken to protect the patients and no less restrictive measure can be taken, the Chief of Staff or Chief of Department, or his or her delegate, may immediately and temporarily suspend the member’s privileges, with immediate notice to the Chief Executive Officer, or his or her delegate, and pending Medical Advisory Committee meeting and a hearing by the Hospital Board65.

(2) The Chief of Staff or Chief of Department shall immediately notify the member, the Program Medical Director, the Medical Advisory Committee, and the hospital Board of his or her decision to suspend the member’s privileges.

(3) Arrangements, if necessary, shall be made by the Chief of Staff or Chief of Department for the assignment of a substitute physician to care for the patients of the suspended member.

(4) Within forty-eight (48) hours of the suspension, the individual who suspended the member shall provide the member and Medical Advisory Committee with written reasons for the suspension and copies of any relevant information or records.

**6.2.2 The Medical Advisory Committee Meeting**

(1) The Medical Advisory Committee shall set a date for a meeting of the Medical Advisory Committee to be held within five (5) days from the date of the suspension to review the suspension and to make recommendations to the Hospital Board.

(2) As soon as possible, and in any event, at least forty-eight (42) hours prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of,

 (a) the place and time of the meeting;

 (b) the purpose of the meeting;

(c) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation;

(d) a statement that the member is entitled to attend the Medical Advisory Committee meeting and to participate fully, to answer all matters considered by the Medical Advisory Committee and to present documents and witnesses;

(e) a statement that the parties are entitled to bring to the meeting and consult with legal counsel, but that the legal counsel will not be entitled to participate in the meeting; and

(f) a statement that in the absence of the member, the meeting may proceed66.

(3) The member may request and the Medical Advisory Committee may grant a postponement of the Medical Advisory Committee meeting61.

(4) At the meeting of the Medical Advisory Committee, a record of the proceeding shall be kept in the minutes of the Medical Advisory Committee meeting62.

(5) The staff member shall be given full opportunity to answer each ground as well as to present documents and witnesses if so desired63.

(6) Before deliberating on the recommendation to be made to the Hospital Board, the Chair shall require the member involved, and any other persons present who are not Medical Advisory Committee members, to retire. The Medical Advisory Committee shall not consider any matter or case to which they did not give the member a fair opportunity to answer.

(7) The Medical Advisory Committee shall provide the member within twenty-four (24) hours of the Medical Advisory Committee meeting written notice of,

(a) the Medical Advisory Committee’s recommendation and the written reasons for the recommendation70; and

(b) the member’s entitlement to a hearing before the Hospital Board.

(8) The Medical Advisory Committee shall provide the Hospital Board within twenty-four (24) hours of the Medical Advisory Committee meeting written notice of the Medical Advisory Committee’s recommendation.

**6.2.3 The Board Hearing**

 (1) The Hospital Board names a place and time for the hearing.

(2) The Hospital Board hearing shall be held seven (7) days of the date of the receipt by the member of the Medical Advisory Committee’s recommendation and written reasons.

(3) The Hospital Board shall provide written notice of the Hospital Board hearing to the member and to the Chair (or substitute) of the Medical Advisory Committee at the earliest possible opportunity and in any event, at least seventy-two (72) hours prior to the date of the hearing.

 (4) The notice of the Hospital Board hearing shall include,

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

 (b) the purpose of the meeting;

(c) a statement that the member and the Medical Advisory Committee shall be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be produced or any report, the contents in which will be given in evidence at the hearing’

(d) a statement that the member may proceed in person or be represented by counsel, and that in his or her absence the Hospital Board may proceed with the hearing and that the member will not be entitled to any further notice of the proceeding;

(e) a statement that the member may call witnesses and tender documents in evidence in support of his or her case; and

(f) the time of the hearing may be extended by the Hospital Board71.

(5) The parties to the Hospital Board hearing are the Member, the Medical Advisory Committee, and such other persons as the Hospital Board may specify.

(6) The member requiring a hearing before the Hospital Board shall be afforded an opportunity to examine, prior to the hearing, any written or documentary evidence that will be produced, or any report the contents of which will be given in evidence at the hearing.

(7) Member of the Hospital Board holding the hearing shall not have taken part of any investigation or consideration of the subject matter of the hearing before the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or his or her representative, except upon notice to and an opportunity for all parties to participate72.

(8) The findings of fact of the Hospital Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under sections 15 and 16 of the *Statutory Powers Procedure Act*.

(9) The Hospital Board shall consider only the reasons of the Medical Advisory Committee that have been given to the member in support of its recommendation. Where through error or inadvertence, certain reasons have been omitted in the statement delivered to the member, the Hospital Board may consider those reasons only if those reasons are given by the Medical Advisory Committee in writing to both the applicant or member and the Hospital Board and the member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons73.

(10) No member of the Hospital Board shall participate in a decision of the Hospital Board pursuant to a hearing unless he or she was present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Hospital Board shall be given unless all members so present participate in the decision74.

(11) The Hospital Board shall make a decision to either follow or not follow the recommendations of the Medical Advisory Committee.

(12) A written copy of the decision of the Hospital Board and the written reasons for the decision shall be provided to the member and to the Medical Advisory Committee secretary75.

(13) Service of the notice of the decision and the written reasons to the member may be made personally or by registered mail addressed to the member at this or her last known address and, where the notice is served by registered mail, it shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that he or she did not, acting in good faith, through absence, accident, illness or other cause beyond his or her control receive it until a later date.