

By-law No. 2  
SINAI HEALTH SYSTEM PROFESSIONAL STAFF BY-LAW  
Enacted on January 1, 2015

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A By-law relating to the medical, dental, midwifery and extended class nursing staff of Sinai Health System (“**the Corporation**”).

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

## **Article 1 Definitions and Interpretation**

### **1.1 Definitions**

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

(a) “**Affiliation Agreement**” means the agreement between the Governing Council of the University and the Corporation pertaining to the status of the Hospital as a teaching hospital of the University;

(b) “**Board**” means the Board of Directors of the Corporation;

(c) “**Chair of the Medical Advisory Committee**” means the member of the Professional Staff appointed to serve as Chair of the Medical Advisory Committee pursuant to section 9.2;

(d) “**Chief Executive Officer**” means, in addition to ‘administrator’ as defined in the *Public Hospitals Act*, the President and Chief Executive Officer of the Corporation;

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

(f) “**Chief of a Department**” or “**Department Chief**” means a member of the Professional Staff appointed by the Board to be responsible for the professional standards and quality of care rendered by the members of that department at the Hospital;

(g) “**Credentials Committee**” means the committee established by the Medical Advisory Committee to review applications for appointment and reappointment to the Professional Staff and to make recommendations to the Medical Advisory Committee and if no such committee is established it shall mean the Medical Advisory Committee;

(h) “**Dental Staff**” means those Dentists appointed by the Board to attend or perform dental services for Patients;

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

(j) “**Department**” or “**department**” means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;

- (k) “**Division**” or “**division**” means an organizational unit of a Department;
- (l) “**Extended Class Nursing Staff**” means those Registered Nurses in the Extended Class who are:
- (i) nurses that are employed by the Hospital and are authorized to diagnose, prescribe for or treat outpatients in the Hospital; and
  - (ii) nurses who are not employed by the Hospital and to whom the Board has granted Privileges to diagnose, prescribe for or treat outpatients in the Hospital;
- (m) “**Head of Division**” means the member of the Professional Staff appointed to be in charge of one of the organized divisions of a Department;
- (n) “**Hospital**” means the public hospital operated by the Corporation;
- (o) “**Impact Analysis**” means a study to determine the impact upon the resources of the Corporation of the proposed appointment of an applicant for appointment to the Professional Staff or an application by a member of the Professional Staff for additional Privileges;
- (p) “**Medical Advisory Committee**” means the committee established pursuant to Article 10;
- (q) “**Medical Staff**” means those Physicians who are appointed by the Board and who are granted Privileges to practice medicine in the Hospital;
- (r) “**Midwife**” means a midwife in good standing with the College of Midwives of Ontario;
- (s) “**Midwifery Staff**” means those Midwives who are appointed by the Board and granted Privileges to practice Midwifery in the Hospital;
- (t) “**Patient**” means, unless otherwise specified or the context otherwise requires, any in-patient or outpatient of the Corporation;
- (u) “**Physician**” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (v) “**Policies**” means the administrative, financial, human resources, clinical and professional policies of the Hospital and includes policies and procedures adopted by the Board pursuant to Article 2;
- (w) “**Privileges**” means the right to admit in-patients, register outpatients and/or provide the clinical services which the Board has granted to a member of the Professional Staff;

(x) “**Professional Staff**” means the Medical Staff, Dental Staff, Midwifery Staff and members of Extended Class Nursing Staff who are not employees of the Corporation;

(y) “**Professional Staff Association**” or “**PSA**” means the organized body of Physicians, Dentists, and Midwives of the Hospital, as prescribed by the *Public Hospitals Act*, and as described further in Article 11;

(z) “**Professional Staff Human Resources Plan**” means the plan developed for each Department under section 8.4;

(aa) “**Public Hospitals Act**” means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the regulations made thereunder;

(bb) “**Registered Nurse in the Extended Class**” means a member of the College of Nurses of Ontario who is a registered nurse and who holds an extended certificate of registration under the *Nursing Act, 1991*;

(cc) “**Rules and Regulations**” means the Rules and Regulations governing the practice of the Medical, Dental, Midwifery and Extended Class Nursing Staff in the Hospital both generally and within a particular Department, and includes Rules and Regulations which have been approved by the Board after considering the recommendation of the Medical Advisory Committee; and

(dd) “**University**” means the University of Toronto.

## **1.2 Interpretation**

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

## **Article 2 Rules and Regulations and Policies**

### **2.1 Rules and Regulations and Policies and Procedures**

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

(2) The Board, after considering the recommendation of the Medical Advisory Committee, may adopt policies and procedures applicable to the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff, including policies and procedures that are consistent with Rules and Regulations and support the implementation of Rules and Regulations. And without limiting the generality of the foregoing, policies include the Corporation’s Code of Ethical

Conduct, Conflict of Interest Policy and Procedure and policies on privacy, research ethics, research misconduct and patents and inventions.

(3) As a fully affiliated academic hospital with the University, there may be additional University policies and procedures that apply to the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff who are jointly appointed with the University.

### **Article 3 Honorary Staff**

#### **3.1 Honorary Staff**

(1) An individual may be honoured by the Board by being designated as Honorary Staff of the Corporation, for such term as the Board deems appropriate, because he or she:

(a) is a former member of the Professional Staff who has retired from active practice; and/or

(b) has contributed to the Hospital and has an outstanding reputation or made an extraordinary accomplishment.

(2) Members of the Honorary Staff:

(a) shall not have Privileges or provide Patient care;

(b) shall not have regularly assigned clinical, academic, research or administrative duties or responsibilities;

(c) may attend, but shall not vote, at Professional Staff meetings, and shall not be eligible to hold elected or appointed offices in the Professional Staff; and,

(d) shall not be bound by the attendance requirements of the Professional Staff Association or Department meetings.

(3) The Board has the discretion to revoke the title and rights of an Honorary Staff member without notice.

### **Article 4 Appointment and Reappointment to Professional Staff**

#### **4.1 Appointment and Revocation**

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



(2) Subject to 4.1(4), all applications for appointment and reappointment to the Professional Staff shall be processed in accordance with the provisions of this By-law and the *Public Hospitals Act*.

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

(4) The Board may, from time to time, by policy or agreement modify the credentialing, appointment and reappointment processes set out in this By-law to facilitate common interhospital credentialing. The Professional Staff Association will be given notice of and an opportunity to comment on and the Medical Advisory Committee may make recommendations to the Board on any such policy or agreement prior to implementation.

#### **4.2 Term of Appointment**

(1) Subject to subsection 4.1(3), each appointment to the Professional Staff shall be for a term of up to one (1) year.

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

(a) unless subsection 4.2(2)(b) applies, until the reappointment is granted or not granted by the Board; or

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

#### **4.3 Scope of Privileges**

(1) A Professional Staff appointment shall not automatically confer any specific access to Hospital resources or facilities such as office space, administrative support, parking, nursing or allied health professionals, residents or students, or equipment or automatically confer specific Privileges such as access to operating room time, number of permitted deliveries of babies, quantity of service time or admitting Privileges. The resources, facilities and Privileges that accompany an appointment to the Professional Staff shall be based on the recommendation of the Medical Advisory Committee and Department Chief and Head of Division as appropriate having regard to the qualifications of the applicant and the needs and resources of the Corporation at the time of appointment or reappointment.

#### **4.4 Qualifications and Criteria for Appointment to the Professional Staff**

(1) Only applicants who meet the qualifications and satisfy the criteria set out in this By-law are eligible to be a member of, and appointed to, the Professional Staff of the Corporation.

(2) An applicant for appointment to the Professional Staff must meet the following qualifications:

- (a) have adequate training and experience for the Privileges requested;
- (b) have a demonstrated ability to:
  - (i) provide Patient care at an appropriate level of quality, safety and efficiency;
  - (ii) work and communicate with, and relate to, others in a co-operative, collegial and professional manner;
  - (iii) communicate with, and relate appropriately to, Patients and Patients' relatives and/or substitute decision makers;
  - (iv) participate in the discharge of staff, committee and other duties appropriate to staff category;
  - (v) participate in the discharge of teaching or research responsibilities (or both), (if applicable);
  - (v) meet an appropriate standard of ethical conduct and behaviour;
  - (vi) govern himself or herself in accordance with the requirements set out in this By-law, the Hospital's mission, vision and values, Rules and Regulations and Policies, and University policies as applicable; and
  - (vii) appropriately use Hospital resources;
- (c) have maintained the level of continuing professional education required by the applicable regulatory College;
- (d) have up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Hospital, the *Public Hospitals Act* or other legislation;
- (e) demonstrate adequate control of any significant physical or behavioural impairment affecting skill, attitude or judgment that might impact negatively on Patient care or the operations of the Corporation;
- (f) have current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice; and

(g) have an interest and aptitude for scholarly activities.

(3) In addition to the qualifications set out in subsection 4.4(2), an applicant for appointment to the Medical Staff must meet the following qualifications:

(a) be qualified to practice medicine and licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Physicians and Surgeons of Ontario or an equivalent certificate from their most recent licensing body; and

(b) have a current Certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario or the equivalent certificate from their most recent licensing body.

(4) In addition to the qualifications set out in subsection 4.4(2), an applicant for appointment to the Dental Staff must meet the following qualifications:

(a) be qualified to practice dentistry and licensed pursuant to the laws of Ontario and have a letter of good standing from the Royal College of Dental Surgeons of Ontario or the equivalent letter from their most recent licensing body; and

(b) have a current Certificate of Professional Conduct from the Royal College of Dental Surgeons or the equivalent certificate from their most recent licensing body.

(5) In addition to the qualifications set out in subsection 4.4(2), an applicant for appointment to the Midwifery Staff must meet the following qualifications:

(a) be qualified to practice midwifery and be licensed pursuant to the laws of Ontario and have a Certificate of Registration in good standing with the College of Midwives of Ontario or an equivalent certificate from their most recent licensing body; and

(b) have a current Certificate of Professional Conduct from the College of Midwives of Ontario or the equivalent certificate from their most recent licensing body.

(6) In addition to the qualifications set out in subsection 4.4(2), an applicant for appointment to the Extended Class Nursing Staff must meet the following qualifications:

(a) be qualified to practice as a nurse in the extended class and hold a current, valid Annual Registration Payment Card as a registered nurse in the extended class with the College of Nurses of Ontario; and

(b) have a letter of good standing from the Ontario College of Nurses or their most recent licensing body.

(7) In addition to the qualifications set out in subsection 4.4(2), an applicant for appointment to the Active Staff or Active Provisional or Active Associate Staff must:

(a) be eligible for and hold an appointment at the University; and

(b) if a Physician or Dentist, agree to join and maintain membership in a relevant conforming practice plan or equivalent as agreed with the Department Chief.

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

(9) In addition to any other provisions of the By-law, including the qualifications set out in subsections 4.4(2)-(7), the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:

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

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

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

#### **4.5 Application for Appointment to the Professional Staff**

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

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

(3) Prior to the consideration of an applicant for appointment, each applicant shall visit the Hospital for an interview with the Vice-President Medical Affairs & Academic Issues or delegate, and may be invited to interview with the Chief Executive Officer or delegate and other appropriate members of the Professional Staff.

#### **4.6 Procedure for Processing Applications for Appointment to the Professional Staff**

(1) Upon receipt of a complete application, on behalf of the Chief Executive Officer, the Medical Affairs office shall process and keep a record of each completed appointment application received and refer the original forthwith to the Medical Advisory Committee. The Medical Advisory Committee shall keep a record of each completed application received and refer the original application forthwith to the Credentials Committees with a copy to the relevant Department Chief.

(2) The relevant Department Chief shall submit a written recommendation concerning the appointment category, duties and Privileges for each completed application received by the Medical Affairs office.

(3) The Medical Affairs office shall ensure that an Impact Analysis is completed for all appointments and reappointments with resource implications. And the Medical Affairs office may consult at its discretion with the Hospital's senior management group to determine whether there are any resource issues with an application for appointment or reappointment.

(4) The Credentials Committee shall review all materials in the application and additional materials as supplied to them by the Medical Affairs office, receive the recommendation of the Chief of the relevant Department, ensure all required information has been provided, investigate the professional competence and verify the qualifications of the applicant, consider whether the qualifications and criteria required by section 4.4 are met and shall submit a report as to its assessment and recommendation to the Medical Advisory Committee at its next regular meeting.

(5) The Medical Advisory Committee shall:

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

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

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

(6) Notwithstanding subsection 4.6(5)(c), the Medical Advisory Committee may make its recommendation later than sixty (60) days after receipt of the application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within such sixty (60) day period and gives written reasons therefor.

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

(8) Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or Privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that he or she is entitled to:

(a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the receipt by the applicant of notice of the recommendation; and

(b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the applicant of the written reasons referred to in subsection 4.6(6)(a).

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

(10) Where an applicant requests a hearing by the Board, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article 6.

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

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

#### **4.7 Temporary Appointment**

(1) Notwithstanding any other provision of this By-law, the Chief Executive Officer or delegate or Vice-President Medical & Academic Issues or delegate, after consultation with the Chair of the Medical Advisory Committee or delegate may:

(a) grant a temporary appointment and temporary Privileges to a Physician, Dentist, Midwife or Registered Nurse in the Extended Class 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 a temporary appointment and temporary Privileges on the recommendation of the Medical Advisory Committee, until the next meeting of the Board.

(2) A temporary appointment of a Physician, Dentist, Midwife or Registered Nurse in the Extended Class may be made for any reason including:

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

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

(3) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted pursuant to section 4.7(1) for such period of time and on such terms as the Board determines.

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

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

#### **4.8 Application for Reappointment to the Professional Staff**

(1) Each year, each member of the Professional Staff desiring reappointment to the Professional Staff shall make written application on the prescribed form to the Medical Affairs office on behalf of the Chief Executive Officer or delegate before the date specified by the Medical Advisory Committee.

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

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

(b) either:

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

(ii) a description of all material changes to the information on file at the Hospital since the applicant's most recent application, including without limitation: an updated curriculum vitae including any additional professional qualifications acquired by the applicant since the previous application and information regarding any pending, ongoing or completed disciplinary or malpractice proceedings, restriction in Privileges or suspensions, criminal charges or convictions for which they have not received a pardon or civil or administrative proceedings or similar legal matters (that would reasonably relate to the applicant's professionalism or ability to practice or both) during the past year (recognizing that a report of a legal issue would not automatically disqualify an

applicant from reappointment but the applicable Department Chief or Vice-President Medical & Academic Issues or both would consider the weight to give the information and the potential impact on the applicant's ability to practice);

(c) a report of the Chief of the relevant Department or Departments, as the case may be, in accordance with a performance evaluation process approved by the Board from time to time, which report shall include the Department Chief's recommendation with respect to reappointment with the Hospital and:

(i) every member of the Professional Staff shall discuss his or her level of competence if requested to do so by the Department Chief or Head of Division as part of his or her annual review; and

(ii) in exercising his or her overall responsibility for the quality of care in his or her Department, the Department Chief shall only recommend those applications for Privileges that he or she has reason to believe are within the competence of the applicant and to recommend specific exclusions if he or she has reason to do so.

(d) the category of appointment requested and a request for either the continuation of, or any change in, existing Privileges;

(e) if requested, a current Certificate of Professional Conduct or equivalent from the appropriate college or licensing body;

(f) confirmation that the member has complied with the disclosure duties set out in s.7.10(d); and

(g) such other information that the Board may require, respecting competence, capacity and conduct, having given consideration to the recommendation of the Medical Advisory Committee.

(3) In the case of any application for reappointment in which the applicant requests additional Privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.

(4) Application for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 4.6 of this By-law.

#### **4.9 Qualifications and Criteria for Reappointment to the Professional Staff**

(1) In order to be eligible for reappointment:

(a) the applicant shall continue to meet the qualifications and criteria set out in section 4.4;



(b) the applicant shall have conducted himself or herself in compliance with this By-law, the Hospital's values, Rules and Regulations, and Policies, and University policies if applicable;

(c) the applicant shall have demonstrated appropriate use of Hospital resources in accordance with the Professional Staff Human Resources Plan and the Rules and Regulations and Policies; and

(d) there shall be a continued need for the applicant's services under the Professional Staff Human Resources Plan, the Hospital's strategic plan and an Impact Analysis shall demonstrate that there are sufficient resources to accommodate the applicant.

#### **4.10 Application for Change of Privileges**

(1) Each member of the Professional Staff who wishes to change his or her Privileges, shall submit, on the prescribed form, to the Medical Affairs office on behalf of the Chief Executive Officer, an application listing the change of Privileges requested, and providing evidence of appropriate training and competence and such other matters as the Board may require.

(2) On behalf of the Chief Executive Officer, the Medical Affairs office shall refer any such application forthwith to the Medical Advisory Committee through the Chair of the Medical Advisory Committee or delegate, who shall keep a copy of each application received and shall then refer the original application forthwith to the chair of the Credentials Committee and the Chief of the relevant Department.

(3) The Credentials Committee shall investigate the professional competence, verify the qualifications of the applicant for the Privileges requested, received the report of the Department Chief, and shall submit a report of its findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of Privileges, if any, that it recommends that the applicant be granted.

(4) The application shall be processed in accordance with and subject to the requirements of sections 4.9 and subsections 4.6(2) to 4.6(10) of this By-law.

#### **4.11 Leave of Absence**

(1) Upon request of a member of the Professional Staff to the Chief of his or her Department, a leave of absence of up to twelve (12) months may be granted by the Board, after receiving the recommendation of the Medical Advisory Committee,

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

(b) in other circumstances acceptable to the Board, upon recommendation of the Chair of the Medical Advisory Committee or delegate.

(2) After returning from a leave of absence granted in accordance with subsection 4.11(1), the member of the Professional Staff may be required to produce a medical certificate of fitness from a physician acceptable to the Vice-President Medical & Academic Issues or delegate. The Vice-President Medical & Academic Issues or delegate may impose such conditions on the Privileges granted to such member as appropriate.

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

## **Article 5 Monitoring, Suspension and Revocation**

### **5.1 Monitoring Practices and Transfer of Care**

(1) Any aspect of Patient care or Professional Staff conduct being carried out in the Corporation may be reviewed without the approval of the member of the Professional Staff responsible for such care by the Chair of the Medical Advisory Committee or delegate or Vice-President Medical Affairs & Academic Issues or delegate or Department Chief or delegate. In addition, if at any time a Department Chief has concerns about the conduct, competence, or capacity of a member of the Professional Staff of the Department, the Department Chief or delegate may undertake a performance review of the member at the Department Chief's discretion acting reasonably.

(2) Where any member of the Professional Staff or Corporation staff reasonably believes that a member of the Professional Staff is incompetent, attempting to exceed his or her Privileges, incapable of providing a service that he or she is about to undertake, or acting in a manner that exposes or is reasonably likely to expose any Patient, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to one of the Chief Executive Officer (or delegate), Chair of the Medical Advisory Committee (or delegate), Vice-President Medical Affairs & Academic Issues (or delegate), the Chief of the relevant Department (or delegate) and the Chief Executive Officer (or delegate), so that appropriate action can be taken.

(3) The Department Chief or delegate, on notice to the Chief Executive Officer or delegate and the Chair of the Medical Advisory Committee or delegate and Vice-President Medical Affairs & Academic Issues or delegate where he or she believes it to be in the best interest of the Patient, shall have the authority to examine the condition and scrutinize the treatment of any Patient in his or her Department and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the Patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief Executive Officer, Chair of the Medical Advisory Committee and Vice-President Medical Affairs & Academic Issues, notice shall be given as soon as possible.

(4) If the Chair of the Medical Advisory Committee or delegate or Vice-President Medical Affairs & Academic Issues or delegate or Department Chief or delegate becomes aware that, in his or her opinion a serious problem exists in the diagnosis, care or treatment of a Patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment of the Patient with the attending member of the Professional Staff. If changes in the diagnosis, care or treatment satisfactory to the Chair of the Medical Advisory Committee or delegate or Vice-President Medical Affairs & Academic Issues or delegate or the Department Chief or delegate, as the case may be, are not made, he or she shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the Patient.

(5) Where the Chair of the Medical Advisory Committee or delegate or Vice-President Medical Affairs & Academic Issues or delegate or Department Chief or delegate has cause to take over the care of a Patient, the Chief Executive Officer, the Chair of the Medical Advisory Committee or Vice-President Medical Affairs & Academic Issues or the Department Chief, as the case may be, and one other member of the Medical Advisory Committee, the attending member of the Professional Staff, and the Patient or the Patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chair of the Medical Advisory Committee or delegate or Vice-President Medical Affairs & Academic Issues or delegate or the Department Chief or delegate shall file a written report with the Medical Advisory Committee within forty-eight (48) hours of his or her action.

(6) Where the Medical Advisory Committee concurs in the opinion of the Chair of the Medical Advisory Committee or delegate or Vice-President Medical Affairs & Academic Issues or delegate or Department Chief or delegate who has taken action under subsection 5.1(4) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

## **5.2 Suspension, Restriction or Revocation of Privileges**

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

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

(3) Where an application for appointment or reappointment is denied or, the Privileges of a member of the Professional Staff have been restricted, suspended or revoked, by reason of incompetence, negligence or misconduct, or the member resigns from the Professional Staff during the course of an investigation into his or her competence, negligence or misconduct, the Chief Executive Officer shall prepare and forward a detailed written report to the member's regulatory body as soon as possible, and not later than thirty (30) days.

(4) The Board may develop processes to manage administrative suspensions for managing time-limited suspensions arising from the failure of a member to meet requirements such as health

records deficiencies and mandatory training. The Professional Staff Association will be given notice of and an opportunity to comment on and the Medical Advisory Committee may make recommendations to the Board on any such process prior to implementation.

### **5.3 Immediate Action**

(1) The Chief Executive Officer or delegate or Chair of the Medical Advisory Committee or delegate or Vice-President Medical & Academic Issues or delegate or Department Chief or delegate may temporarily restrict or suspend the Privileges of any member of the Professional Staff, in circumstances where in their opinion the member's conduct, performance or competence:

- (a) exposes or is reasonably likely to expose any Patient, health care provider, employee or any other person at the Hospital to harm or injury; or
- (b) is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Hospital,

and immediate action must be taken to protect Patients, health care providers, employees and any other person at the Hospital from harm or injury.

(2) Before the Chief Executive Officer or delegate, the Chair of the Medical Advisory Committee or delegate, or Vice-President Medical & Academic Issues or delegate or Department Chief or delegate takes action authorized in subsection 5.3(1), they shall first consult with one of the other of them. If such prior consultation is not possible or practicable under the circumstances, the person who takes the action authorized in subsection 5.3(1) shall provide immediate notice to the others. The person who takes the action authorized in subsection 5.3(1) shall forthwith submit a written report on the action taken with all relevant materials and/or information to the Medical Advisory Committee.

### **5.4 Non-Immediate Action**

(1) The Chief Executive Officer or delegate, the Chair of the Medical Advisory Committee or delegate, or Vice-President Medical & Academic Issues or delegate, or the Department Chief or delegate, may recommend to the Medical Advisory Committee that the Privileges of any member of the Professional Staff be restricted, suspended or revoked in any circumstances where in their opinion the member's conduct, performance or competence:

- (a) fails to meet or comply with the criteria for annual reappointment; or
- (b) exposes or is reasonably likely to expose any Patient, health care provider, employee or any other person at the Hospital to harm or injury; or
- (c) is or is reasonably likely to be, detrimental to Patient safety or to the delivery of quality Patient care within the Hospital or impact negatively on the operations of the Hospital; or

(d) fails to comply with the Hospital's by-laws, Rules and Regulations, or Policies, the *Public Hospitals Act* or any other relevant law.

(2) Prior to making a recommendation as referred to in subsection 5.4(1), an investigation may be conducted. Where an investigation is conducted it may be assigned to an individual or group within the Hospital other than the Medical Advisory Committee (such as the Professional Affairs Committee) or an external consultant.

### **5.5 Referral to Medical Advisory Committee for Recommendations**

(1) Following the temporary restriction or suspension of Privileges under section 5.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of Privileges or the revocation of an appointment of a member of the Professional Staff under section 5.4, the following process shall be followed;

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

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

(c) as soon as possible, and in any event, at least forty-eight (48) hours prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of,

(i) the time and place of the meeting;

(ii) the purpose of the meeting; and

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

(2) The date for the Medical Advisory Committee to consider the matter under subsection 5.5(1)(b) may be extended by,

(a) an additional five (5) days in the case of a referral under subsection 5.3; or

(b) any number of days in the case of a referral under subsection 5.4,

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

(3) The Medical Advisory Committee may:

(a) set aside the restriction or suspension of Privileges; or

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

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

(5) The written notice shall inform the member that he or she is entitled to:

(a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the member's receipt of the notice of the recommendation; and

(b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the member of the written reasons requested.

(6) If the member requests written reasons for the recommendation under subsection 5.5(5), the Medical Advisory Committee shall provide the written reasons to the member within forty-eight (48) hours of receipt of the request.

## **Article 6 Board Hearing**

### **6.1 Board Hearing**

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

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

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

(2) The Board will name a place and time for the hearing.

(3) In the case of immediate suspension or revocation of Privileges, the Board hearing shall be held within seven (7) days of the date the applicant or members requests the hearing under s.6.1(1). In the case of non-immediate suspension or revocation of Privileges, subject to subsection 6.1(4), the Board hearing will be held as soon as practicable but not later than twenty eight (28) days after the Board receives the written notice from the member or applicant requesting the hearing.

(4) The Board may extend the time for the hearing date if it is considered appropriate.

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

(6) The notice of the Board hearing will include:

(a) the place and time of the hearing;

(b) the purpose of the hearing;

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

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

(e) a statement that the time for the hearing may be extended by the Board on the application of any party; and

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

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

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

(9) Members of the Board holding the hearing will not have taken part in any investigation or consideration of the subject matter of the hearing and will not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or

their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.

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

(11) No member of the Board will participate in a decision of the Board pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board will be given unless all members so present participate in the decision.

(12) The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in Privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the considerations set out in sections 4.4, 4.9 and 4.10 respectively.

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

(14) Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third (3rd) day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.

## **Article 7 Professional Staff Categories and Duties**

### **7.1 Professional Staff Categories**

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

- (a) Active;
- (b) Active Provisional;
- (c) Active Associate;
- (d) Courtesy;
- (e) Consultant;
- (f) Clinical Associate:



- (i) Locum Tenens;
- (ii) Temporary;
- (iii) Temporary Academic;
- (iv) Renewable;

(g) Scientific:

- (i) Associate;
- (ii) Assistant; and

(h) such categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.

(2) The Extended Class Nursing Staff may be divided into such categories as the Board may from time to time determine having given consideration to the recommendation of the Medical Advisory Committee.

## **7.2 Active Staff**

(1) The Active Staff shall consist of those Physicians, Dentists and Midwives whose principal responsibilities are with the Hospital, who have been appointed to the Active Staff by the Board and who have completed Hospital and University probation of at least one (1) year or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.

(2) Except where approved by the Board, no Physician, Dentist or Midwife with an active staff appointment at another hospital shall be appointed to the Active Staff.

(3) Except where approved by the Board, all Physicians, Dentists and Midwives with Active Staff appointments must hold an appointment with the University of Toronto, which appointment is arranged by the University and must comply with applicable University policies.

(4) Each member of the Active Staff shall:

(a) have admitting Privileges unless otherwise specified in their appointment;

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

(c) be responsible to the Department Chief to which they have been assigned and to the Chief Executive Officer and Vice-President Medical & Academic Issues for all aspects of Patient care, research and teaching and as appropriate for administrative responsibilities;

(d) act as a supervisor of other members of the Medical Staff, Dental Staff, Midwifery Staff or Extended Class Nursing Staff when requested by the Chair of the Medical

Advisory Committee or delegate or the Department Chief to which they have been assigned;

(e) fulfil such on-call requirements as may be established by each Department or Division in accordance with the Professional Staff Human Resource Plan and the Rules and Regulations;

(f) if Physicians, be required to pay dues for the Professional Staff Association;

(g) attend Department and Professional Staff Association meetings and shall be subject to penalties provided for inadequate attendance;

(h) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chair of the Medical Advisory Committee or Chief of the relevant Department from time to time;

(i) if a Physician, be entitled to attend and vote at meetings of the Professional Staff and be eligible to be an elected or appointed officer of the Professional Staff; and

(j) if a Dentist or Midwife, be entitled to attend meetings of the Professional Staff but shall not have a vote or be eligible to hold an elected or appointed office of the Professional Staff.

### **7.3 Active Provisional Staff**

(1) Physicians, Dentists or Midwives who are applying for appointment to the Active Staff or Active Associate Staff, subject otherwise to the determination of the Board, will be assigned to the Active Provisional Staff. This category creates a probationary period of at least one (1) year before becoming a member of the Active Staff or Active Associate Staff. The probationary period may extend beyond one (1) year if the Hospital determines the candidate requires a longer probationary period or to align with probation processes at the University.

(2) Except where approved by the Board, all Physicians, Dentists and Midwives with Active Provisional Staff appointments must hold an appointment (or be in the process of obtaining an initial appointment) with the University, which appointment is arranged by the University and must comply with applicable University policies.

(3) Each member of the Active Provisional Staff shall:

(a) have admitting Privileges unless otherwise specified in their appointment;

(b) work under the supervision of an Active Staff or Active Associate Staff member named by the Department Chief or delegate to whom he or she has been assigned (or if the Active Provisional Staff member is a Department Chief or Vice-President Medical &

Academic Issues, the Chief Executive Officer or delegate will assign the individual's supervisor);

(c) undertake such duties in respect of Patients, research and teaching as may be specified by the Chair of the Medical Advisory Committee or delegate, and, if appropriate, by the Chief of the relevant Department to which they have been assigned;

(d) fulfil such on call requirements as may be established by each Department or Division and in accordance with the Professional Staff Human Resources Plan and the Rules and Regulations and Policies;

(e) if Physicians, be required to pay dues for the Professional Staff Association;

(f) attend Department and Professional Staff Association meetings and shall be subject to penalties provided for inadequate attendance;

(g) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chair of the Medical Advisory Committee or delegate or Chief of the relevant Department from time to time; and

(h) be entitled to attend at Professional Staff meetings but shall not be eligible to vote or be an elected or appointed officer of the Professional Staff.

(4)(a) At six (6) month intervals following the appointment of an Active Provisional Staff member to the Professional Staff, the Active Staff or Active Associate Staff member by whom the Active Provisional Staff member has been supervised shall complete a performance evaluation and shall make a written report to the Chair of the Medical Advisory Committee or delegate, concerning:

(i) the knowledge and skill that has been shown by the Active Provisional Staff member;

(ii) the nature and quality of his or her work in the Hospital; and

(iii) his or her performance and compliance with the criteria set out in subsection 4.4(2). The Chair of the Medical Advisory Committee or delegate shall forward such report to the Credentials Committee.

(b) Upon receipt of the report referred to in subsection 7.3(4)(a), the appointment of the member of the Active Provisional Staff shall be reviewed by the Credentials Committee, which shall make a recommendation to the Medical Advisory Committee.

(c) If any report made under subsections 7.3(4)(a) or 7.3(4)(b) is not favourable to the Active Provisional Staff member, the Medical Advisory Committee may recommend the appointment of the Active Provisional Staff member be terminated.

(d) No member of the Active Provisional Staff shall be recommended for appointment to the Active Staff or Active Associate Staff unless they have been a member of the Active Provisional Staff for at least one (1) year. In no event shall an appointment to the Active Provisional Staff be continued for more than five (5) years unless there are extenuating circumstances as approved by the Medical Advisory Committee.

#### **7.4 Active Associate Staff**

(1) The Active Associate Staff shall consist of those Physicians, Dentists and Midwives who have been appointed to the Active Associate Staff by the Board, and who hold a primary Hospital appointment at another University full or community affiliate hospital or clinical setting but who have a regular presence at and significant commitment to the work of the Hospital, and who have completed Hospital probation of at least one (1) year or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Associate Staff.

(2) Except where approved by the Board, all Physicians, Dentists and Midwives with Active Associate Staff appointments must hold an appointment with the University of Toronto, which appointment is arranged by the University and must comply with applicable University policies.

(3) Each member of the Active Associate Staff shall:

(a) have admitting Privileges unless otherwise specified in their appointment;

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

(c) be responsible to the Department Chief to which they have been assigned and to the Chief Executive Officer and Vice-President Medical & Academic Issues for all aspects of Patient care, research and teaching and as appropriate for administrative responsibilities;

(d) act as a supervisor of other members of the Medical Staff, Dental Staff, Midwifery Staff or Extended Class Nursing Staff when requested by the Chair of the Medical Advisory Committee or delegate or the Department Chief to which they have been assigned;

(e) fulfil such on-call requirements as may be established by each Department or Division in accordance with the Professional Staff Human Resource Plan and the Rules and Regulations;

- (f) if Physicians, be required to pay dues for the Professional Staff Association;
- (g) attend Department meetings and shall be subject to penalties provided for inadequate attendance at the discretion of the Department Chief (which attendance requirements shall be made clear upon appointment);
- (h) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chair of the Medical Advisory Committee or Chief of the relevant Department from time to time;
- (i) if a Physician, be entitled to attend and vote at meetings of the Professional Staff and be eligible to be an elected or appointed officer of the Professional Staff; and
- (j) if a Dentist or Midwife, be entitled to attend meetings of the Professional Staff but shall not have a vote or be eligible to hold an elected or appointed office of the Professional Staff.

### **7.5 Courtesy Staff**

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

- (a) the applicant meets a specific service need of the Hospital;
- (b) the applicant has an active staff appointment at another hospital or clinical setting (and in such cases, the Board may state that the Courtesy Staff appointment at the Hospital is contingent upon the individual remaining on the active staff at the other hospital or clinical setting); or
- (c) where the Board deems it otherwise advisable and in the best interests of the Hospital.

This category recognizes a temporary or occasional (or both) relationship between the member and the Hospital. Courtesy Staff members do not have the same rights of access to Hospital resources or facilities that members of the Active Staff, Active Provisional Staff or Active Associate Staff might otherwise have.

(2) Members of the Courtesy Staff shall:

- (a) have such Privileges as may be granted by the Board on an individual basis;
- (b) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of Privileges granted by the Board;

(c) be responsible to the Department Chief to which they have been assigned and the Chief Executive Officer and the Vice-President Medical & Academic Issues for all aspects of Patient care, research and teaching;

(d) be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff; and

(e) be invited to attend Department meetings but shall not be subject to penalties for inadequate attendance.

(3) Physicians, Dentists and Midwives with Courtesy Staff appointments may hold an appointment with the University at the discretion of the University, and if they do, they must comply with applicable University policies.

#### **7.6 Consultant Staff**

(1) The Consultant Staff shall consist of those Physicians, Dentists and Midwives appointed by the Board to the Consultant Staff in one or more of the following circumstances:

(a) the applicant is a Chair of a University Department and not otherwise a member of the Professional Staff;

(b) the applicant is a temporary visitor from a jurisdiction outside Ontario;

(c) the applicant is an individual of outstanding reputation or extraordinary accomplishment; or

(d) the Board deems it otherwise advisable and in the best interests of the Hospital.

No person may apply for an appointment or reappointment as Consultant Staff. A Consultant Staff appointment or reappointment may only be granted by the Board on the request of a Department Chief who must provide reasons for the appointment or reappointment and who must consult with the Vice-President Medical & Academic Issues.

(2) Members of the Consultant Staff shall:

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

(b) consult with Professional Staff members when requested by a Department Chief or delegate;

(c) be responsible to the Department Chief to which they have been assigned and the Chief Executive Officer and the Vice-President Medical & Academic Issues for all aspects of Patient care, research and teaching;

(d) be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff; and

(e) be invited to attend Department meetings but shall not be subject to penalties for inadequate attendance.

(3) Physicians, Dentists and Midwives with Consultant Staff appointments may hold an appointment with the University at the discretion of the University, and if they do, they must comply with applicable University policies.

### **7.7 Clinical Associate Staff**

(1) The Clinical Associate Staff shall consist of those Physicians, Dentists and Midwives appointed by the Board to the Clinical Associate staff whose affiliation with the Hospital may be temporary or for a limited term but they require Privileges during their affiliation. This category is comprised of the following subcategories:

(a) Clinical Associate – Locum Tenens: for the replacement of a Physician, Dentist or Midwife on a leave from the Hospital;

(b) Clinical Associate – Temporary: to fill a need for a temporary need for a Physician, Dentist or Midwife;

(c) Clinical Associate – Temporary Academic: for Physicians, Dentists or Midwives who are contemplating or being considered for a career in academic medicine and who may seek eligibility for appointment as Active Provisional Staff after twelve (12) months; and

(d) Clinical Associate – Renewable: for Physicians, Dentists, or Midwives who provide ongoing clinical service for the benefit of a Department, but are not Active Staff or Active Provisional Staff.

The Clinical Associate category provides a limited term appointment to fulfill clinical or academic needs as determined by a Department Chief. Clinical Associate Staff members do not have the same rights of access to Hospital resources or facilities that members of the Active Staff, Active Provisional Staff or Active Associate Staff might otherwise have.

(2) Members of the Clinical Associate Staff shall:

(a) have terms and conditions to their appointment as determined by the Board;

(b) have such Privileges as may be granted by the Board on an individual basis;

(c) be assigned such duties as are determined by the Department Chief to whom they have been assigned;

(d) be responsible to the Department Chief to whom they have been assigned and the Chief Executive Officer and Vice-President Medical & Academic Issues for all aspects of Patient care, research and teaching as applicable;

(e) be entitled to attend Professional Staff meetings but subject to determination by the Board in each individual case shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff;

(f) not be bound by attendance requirements of the Department or Professional Staff Association; and

(g) may serve on Hospital or Department Committees (or both).

(3) Physicians, Dentists and Midwives with Clinical Associate staff appointments may hold an appointment with the University at the discretion of the University, and if they do, they must comply with applicable University policies.

### **7.8 Scientific Staff**

(1) This category is comprised of the following subcategories:

(a) Associate Scientific Staff: Physicians, Dentists and Midwives appointed by the Board to the Associate Scientific Staff who have a doctoral or masters level qualification or equivalent as is acceptable to the Board; and

(b) Assistant Scientific Staff: Physicians, Dentists and Midwives appointed by the Board to the Assistant Scientific Staff who have a designated role in research or teaching only.

(2) Members of the Associate Scientific Staff shall:

(a) not have admitting Privileges but may have Privileges as may be granted by the Board on an individual basis;

(b) work independently in research, teaching or Patient care without the direct supervision of another Physician;

(c) be responsible to the Department Chief to which they have been assigned; and

(d) be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff.

(3) Members of the Assistant Scientific Staff shall:



(a) not have admitting or Patient care Privileges but may have such limited Privileges as may be granted by the Board on an individual basis;

(b) be responsible to the Department Chief to which they have been assigned; and

(c) be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff.

(4) Physicians, Dentists and Midwives with Associate Scientific Staff or Assistant Scientific Staff appointments may hold an appointment with the University at the discretion of the University, and if they do, they must comply with applicable University policies.

(4) Associate Scientific Staff and Assistant Scientific Staff members do not have the same rights of access to Hospital resources or facilities that members of the Active Staff, Active Provisional Staff or Active Associate Staff might otherwise have.

#### **7.9 Extended Class Nursing Staff**

(1) The Board, having given consideration to the advice of the Medical Advisory Committee, will delineate the Privileges for each member of the Extended Class Nursing Staff who is not an employee of the Corporation.

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

(b) Prior to completion of the one (1) year probationary period, a performance evaluation for a member of the Extended Class Nursing Staff shall be completed by the Department Chief, or delegate, concerning the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of his or her work and his or her performance and compliance with the criteria set out in subsection 4.4(2) and such report shall be forwarded to the Credentials Committee.

(c) The Credential Committee shall review the report referred to in subsection 7.9(2)(b) and shall make a recommendation to the Medical Advisory Committee which shall in turn make a recommendation to the Board.

(3) A member of the Extended Class Nursing Staff shall be entitled to attend but not vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office in the Professional Staff.

#### **7.10 Duties of Professional Staff**

Each member of the Professional Staff:

(a) is accountable to and shall recognize the authority of the Board through and with the Chair of the Medical Advisory Committee, Vice-President Medical Affairs & Academic Issues, Department Chief and Chief Executive Officer.

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

(i) the Chair of the Medical Advisory Committee and the Medical Advisory Committee;

(ii) the Vice-President Medical Affairs & Academic Issues;

(iii) the Chiefs of Department;

(iv) the Head of the applicable Division; and

(v) the Chief Executive Officer; and

(c) shall perform the duties, undertake the responsibility and comply with the provisions set out in this By-law and the Rules and Regulations and Policies, and University policies if applicable..

(d) shall forthwith advise the Chair of the Medical Advisory Committee of the commencement of any College disciplinary proceeding, proceedings to restrict or suspend Privileges at other hospitals, malpractice actions, criminal charges or convictions for which they have not received a pardon, or civil or administrative proceedings or similar legal matters (that would reasonably relate to the applicant's professionalism or ability to practice or both)(recognizing that a report of a legal issue would not automatically cause a review of a member's appointment or Privileges but the applicable Department Chief or Vice-President Medical & Academic Issues or both would consider the weight to give the information and the potential impact on the applicant's ability to practice;.

(e) shall attend Department and Professional Staff Association meetings as appropriate.

(f) shall comply with all final accountability and conflict of interest policies of the Corporation and in particular:

(i) never accept or receive any financial or other benefit because of the reference of any Patient for the purchase of drugs, appliances, equipment or laboratory tests; and

(ii) never pay or receive from another practitioner, either directly or indirectly, any part of a fee received from a Patient for professional services, unless the division of the fee is shown to the Patients on the account form submitted and

unless the professional services adjustment is made in accordance with a group practice arrangement within the Hospital.

(g) shall prepare and complete in a timely fashion the required records for all Patients to whom he or she in any way provides care in the Hospital;

(h) shall participate in Hospital peer review activities for credentialing, quality management, utilization review and other such functions of Department meetings or Medical Advisory Committee committees;

(i) if a member of the Active Staff, Active Provisional Staff or Active Associate (excluding Midwives), shall agree to join and maintain membership in a relevant conforming practice plan or equivalent as agreed with the Department Chief; and

(j) shall maintain collegial and respectful relations with all Hospital staff, Patients and members of the public in the discharge of his or her duties.

### **7.11 Housestaff**

(1) Housestaff is not a category of the Professional Staff. Housestaff members are not credentialed in the same way as members of the Professional Staff and are not appointed or reappointed by the Board under the *Public Hospitals Act* processes unless they require specific Privileges in accordance with subsection 7.11(4). Housestaff members have to follow Professional Staff Rules and Regulations and Policies as applicable.

(2) Housestaff consist of Physicians, Dentists or Midwives holding appointments as postgraduate trainees at the University (or other recognized training facility accepted by the Board) including residents and fellows at the Hospital appointed by the Board to the Housestaff.

(3) Housestaff shall:

(a) work under the supervision of an Active Staff or Active Associate Staff member assigned by the Chair of the Medical Advisory Committee or delegate or Department Chief;

(b) attend Patients and undertake treatment and operative procedures, and engage in research and teaching only in accordance with the kind and degree of Privileges granted by the Board; and

(c) be responsible to the Department Chief to which they have been assigned and the Chief Executive Officer and the Vice-President Medical & Academic Issues for all aspects of Patient care, research and teaching.

(4) Temporary operating room Privileges may be awarded to selected final year surgical postgraduate trainees and fellows upon the recommendation of the Department Chief. These temporary Privileges are subject to conditions.

(5) Housestaff members do not have the same rights of access to Hospital resources or facilities that members of the Active Staff, Active Provisional Staff or Active Associate Staff might otherwise have. Housestaff members are generally not invited to Departmental or Professional Staff Association meetings.

## **Article 8 Departments and Divisions**

### **8.1 Professional Staff Departments**

(1) The Professional staff may be organized into such Departments as may be approved by the Board from time to time.

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

(3) Each Department shall hold a minimum of ten (10) regular meetings during the fiscal year and the minutes of each meeting shall be properly recorded and a copy sent to the Vice-President of Medical & Academic Issues.

(4) All Department meetings shall be called by the Department Chief or his or her Deputy Chief, by giving at least fourteen (14) days written notice. Nothing prohibits a Department Chief or Deputy Chief from calling an urgent Department meeting (that is, without meeting the fourteen (14) days' notice requirement).

(5) Each Member of the Active Staff, Active Provisional Staff and Active Associate Staff must attend, at the discretion of the Department Chief, at least fifty percent (50%) of Department meetings. Attendance shall be a consideration for reappointment. However, failure to attend an urgent Department meeting as described in subsection 8.1(4) shall not be held against a member for reappointment.

### **8.2 Divisions Within a Department**

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

### **8.3 Changes to Departments and Divisions**

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

#### **8.4 Professional Staff Human Resources Plan**

Each Department shall develop a Professional Staff Human Resources Plan in accordance with the Hospital strategic plan. The Professional Staff Human Resources Plan shall be developed by the Department Chief, after receiving and considering the input of the members of the Professional Staff in the Department, and shall be approved by the Board. Each Department's Plan shall include,

- (a) the required number and expertise of the Professional Staff;
- (b) reasonable on-call requirements for members of the Professional Staff of the Department;
- (c) a process for equitably distributing changes of resources to the members of the Professional Staff within the Department;
- (d) a process for making decisions with respect to changes in the Department resources; and
- (e) a dispute resolution process regarding decisions made under subsection (d) above.

### **Article 9 Leadership Positions**

#### **9.1 Professional Staff Leadership Positions**

(1) The following positions shall be appointed in accordance with this By-law:

- (a) Chair of the Medical Advisory Committee;
- (b) Vice Chair of the Medical Advisory Committee;
- (c) Chiefs of Department; and
- (e) Heads of Division.

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

(3) An appointment to any position referred to in subsection 9.1(1) may be made on an acting or interim basis where there is a vacancy in any office referred to in this section or while the person holding any such office is absent or unable to act.

(4) An appointment to any position referred to in subsection 9.1(1) may be revoked at any time by the Board.

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

### **9.2 Appointment of Chair of the Medical Advisory Committee**

The Board shall appoint a Department Chief member of the Medical Advisory Committee as Chair of the Medical Advisory Committee for up to a three (3) year term.

### **9.3 Responsibilities and Duties of Chair of the Medical Advisory Committee**

(1) The Chair of the Medical Advisory Committee shall:

(a) be a member of the Board;

(b) be the Chair of the Medical Advisory Committee;

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

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

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

### **9.4 Appointment and Duties of Vice Chair of the Medical Advisory Committee**

A Vice Chair of the Medical Advisory Committee may be appointed by the Board for up to a three (3) year term. The Vice Chair of the Medical Advisory Committee, if appointed, shall be a Department Chief member of the Medical Advisory Committee and shall act in the place of the Chair of the Medical Advisory Committee if the Chair of the Medical Advisory Committee is absent or unable to act, and shall perform such duties as assigned from time to time by the Chair of the Medical Advisory Committee; provided that the Vice Chair shall not be a director of the Hospital unless appointed as Chair of the Medical Advisory Committee on an acting or interim basis in accordance with subsection 9.1(3).

### **9.5 Appointment of Chiefs of Department**

(1) The Board shall, upon the recommendation of a search committee struck by the Chief Executive Officer or delegate in accordance with the Affiliation Agreement, appoint a Chief of each Department.

(2) The search committee shall include:

(a) a member of the Board appointed by the Chair of the Board, who shall chair the committee;

(b) the Chief Executive Officer or delegate;

(c) the Dean of the Faculty of Medicine or Dentistry or delegate;

(d) the University Chair of the relevant Department or delegate;

(e) the Vice-President Medical & Academic Issues;

(f) the Chief Nursing Executive; and

(g) at least one member of the relevant Department and or related Department nominated by the members of the Active Staff, Active Provisional Staff and Active Associate Staff in the relevant Department.

(3) The Affiliation Agreement sets out the process to be followed for recruitment, appointment and performance reviews for Department Chiefs. That process is summarized here. If there is a dispute with the process described in these by-laws and the Affiliation Agreement, the Affiliation Agreement prevails:

(a) A Department Chief shall be appointed by the Board for one (1) five (5)-year term to commence on the termination date of the previous Department Chief or soon after.

(b) Prior to the reappointment of a Department Chief who has served one (1) five (5)-year term, there shall be a major performance review, by a committee established by the Chief Executive Officer or delegate with representation from the Dean of Medicine or Dentistry or delegate and the University Chair of the relevant Department or delegate. Based on the review, appointment may occur for a second five (5)-year term or for a term as determined by the Board not to exceed five (5) years.

(c) Prior to the reappointment of a Department Chief who has served two (2) consecutive five (5) -year terms, a search committee shall be struck on the same composition terms as set out in subsection 9.5(2). Subject to subsections 9.5(3)(d) and (e), the search committee shall conduct a formal open search for the position of Chief. The existing Department Chief may apply. If the incumbent Chief of Department is successful, an appointment may occur for a third five (5)-year term or for a term as determined by the Board not to exceed five (5) years.

(d) Under extraordinary circumstances, the search committee struck in subsection 9.5(2) may recommend to the Chief Executive Officer that the incumbent Department Chief be reappointed without a formal open search, and provide reasons in writing. The Chief Executive Officer has the discretion to accept the recommendation of the search

committee or instruct the search committee to conduct a formal open search as set out in subsection 9.5(3)(c).

(e) Notwithstanding subsections 9.5(3)(c) and (d), in the case of a very small Department (generally understood to have five (5) or fewer members of the Professional Staff), it may be impractical to appoint a new Chief based on a ten (10) year rotation policy. In such cases, the Hospital and the University may agree to waive the turnover policy.

(f) Prior to the reappointment of a Department Chief who has served three (3) consecutive five (5) -year terms, a search committee shall be struck on the same composition terms as set out in subsection 9.5(2). The search committee shall conduct a formal open search for the position of Chief. The existing Department Chief may apply. If the incumbent Chief of Department is successful, an appointment may occur for a fourth five (5)-year term or for a term as determined by the Board not to exceed five (5) years.

(g) When the Department Chief to be selected or reappointed is also to be appointed a Chair of a University Department, the search and review procedures outlined in this By-law and Hospital Policies shall be expanded as required to accommodate the requirements of both the Hospital and University.

(4) Minutes of search committees shall be considered confidential. Recommendations of search and review committees shall be transmitted to the Board for consideration and the Board will make the final decision.

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

## **9.6 Duties of Chiefs of Department**

(1) A Department Chief shall:

### *Patient Care*

(a) ensure that all Patients assigned to the care of his or her Department have a clearly defined Most Responsible Physician (Physician with principal responsibility for the care of the Patient) at all times;

(b) take action as required under this By-law, Policies and the *Public Hospitals Act* when he or she becomes aware of a serious problem in the diagnosis, care or treatment of a Patient assigned to his or her Department;

(c) advise the Medical Advisory Committee with respect to the quality of care and treatment provided by the Professional Staff members of the Department;

(d) ensure that quality improvement activities are undertaken regularly;



(e) organize Professional Staff in the Department to ensure the provision of optimum care to all Patients treated by members of the Department;

#### *Planning*

(f) prepare and keep current a resources plan based on the Hospital's evolving mission, strategic plan and resources;

(g) present the resources plan on an annual basis to the Medical Advisory Committee to support Hospital-wide resources plans based on the Hospital's evolving mission, strategic plan and resources;

#### *Staff Responsibilities*

(h) be responsible for the development of performance criteria for members of the Department (and the criteria shall include standards of clinical, academic and research excellence as well as collegial relationship building and maintenance);

(i) conduct and document an annual performance evaluation of members of the Department in accordance with the Board's policy (if any) as part of the reappointment process and conduct periodic enhanced performance evaluations as set out in policy (if any) (and noting that evaluations may include in-person meetings with the member to discuss the evaluation and to record the substance of the meeting in writing with a copy to the member, as appropriate);

(j) make recommendations to the Medical Advisory Committee regarding appointment, reappointment, change in Privileges and any disciplinary action to which members of the Department should be subject;

#### *Education*

(k) be responsible for the supervision and direction of Housestaff and for the education of medical students while they are assigned to his or her Department;

#### *Management*

(l) be responsible for the management and administration of his or her Department including participation in the development of the Hospital's major planning processes;

(m) hold regular meetings of the Department;

(n) where necessary and in consultation with the Vice-President Medical Affairs & Academic Issues, designate a Deputy Chief for his or her Department;

- (o) be accountable to the Chief Executive Officer for the academic, clinical, research and administrative activities of his or her Department;
- (p) be accountable to the Dean of the relevant Faculty at the University for academic matters related to the University;
- (q) delegate responsibility to appropriate members of the Department;
- (r) be a member of the Medical Advisory Committee;
- (s) report to the Medical Advisory Committee and to the Department on the activities of the Department;
- (t) in consultation with the Chair of the Medical Advisory Committee, designate an alternative to act during the absence of both the Department Chief and the Deputy Chief, if any; and
- (u) perform such additional duties as may be outlined in the Department Chief position description approved by the Board or as set out in the Rules and Regulations or as assigned by the Board, the Chair of the Medical Advisory Committee or the Medical Advisory Committee or Chief Executive Officer from time to time.

### **9.7 Appointment and Duties of Heads of Division**

(1) The Board may, upon the recommendation of a search committee struck by the Chief Executive Officer or delegate in accordance with the Affiliation Agreement, appoint one or more Heads of Division in accordance with the Affiliation Agreement. Or the Board may delegate its authority under this section to the Chief of the relevant Department.

(2) The search committee shall include:

- (a) the Chief Executive Officer or delegate;
- (b) the University Chair of the relevant Department or delegate; and
- (c) at least one member of the relevant Division nominated by the members of the Active Staff, Active Provisional Staff and Active Associate Staff in the relevant Department; and
- (d) other members added at the discretion of the Department Chief.

(3) The Affiliation Agreement sets out the process to be followed for recruitment, appointment and performance reviews for Heads of Division. That process is summarized here. If there is a dispute with the process described in these by-laws and the Affiliation Agreement, the Affiliation Agreement prevails:

(a) A Head of Division shall be appointed by the Board (or Department Chief as applicable) for one (1) five (5)-year term to commence on the termination date of the previous Head of Division or soon after.

(b) Prior to the reappointment of a Head of Division who has served one (1) five (5)-year term, there shall be a major performance review, by a committee established by the Department Chief with representation from the Chief Executive Officer or delegate, the Department Chief or delegate, the University Chair of the relevant Department or delegate and other members as needed. Based on the review, appointment may occur for a second five (5)-year term or for a term as determined by the Board not to exceed five (5) years.

(c) A Head of Division shall not normally serve in that capacity for more than two (2) consecutive five (5)-year terms.

(d) Prior to the reappointment of a Head of Division who has served two (2) consecutive five (5) -year terms, a search committee shall be struck on the same composition terms as set out in subsection 9.7(2). Subject to subsections 9.7(3)(e) and (f), the search committee shall conduct a formal open search for the position of Head of Division. The existing Head of Division may apply. If the incumbent Head of Division is successful, an appointment may occur for a third five (5)-year term or for a term as determined by the Board (or Department Chief) not to exceed five (5) years.

(e) Under extraordinary circumstances, the search committee struck in subsection 9.7(2) may recommend to the Department Chief that the incumbent Head of Division be reappointed without a formal open search, and provide reasons in writing. The Department Chief has the discretion to accept the recommendation of the search committee or instruct the search committee to conduct a formal open search as set out in subsection 9.7(3)(d).

(f) Notwithstanding subsections 9.5(3)(d) and (e), in the case of a very small Division (generally understood to have five (5) or fewer members of the Professional Staff), it may be impractical to appoint a new Head of Division based on a ten (10) year rotation policy. In such cases, the Hospital and the University may agree to waive the turnover policy.

(f) Prior to the reappointment of a Head of Division who has served three (3) consecutive five (5) -year terms, a search committee shall be struck on the same composition terms as set out in subsection 9.7(2). The search committee shall conduct a formal open search for the position of Head of Division. The existing Head of Division may apply. If the incumbent Head of Division is successful, an appointment may occur for a fourth five (5)-year term or for a term as determined by the Department Chief not to exceed five (5) years.

(4) Minutes of search committees shall be considered confidential. Recommendations of search and review committees shall be transmitted to the Board (or Department Chief if appropriate) for consideration and the Board (or Department Chief) will make the final decision.

(5) The Board may, at any time, revoke or suspend the appointment of a Head of Division.

### **9.8 Duties of Heads of Division**

(1) A Head of Division shall be responsible to the Department Chief for:

- (a) the organization of the Division;
- (b) establishing such Division-specific rules as are necessary;
- (c) the quality of professional care provided in the Division and making recommendations to the Department Chief for such improvements as are deemed necessary;
- (d) discipline within the Division, including issues related to timely completion of health records by Professional Staff within the Division;
- (e) teaching and research within the Division;
- (f) management and administration of the Division including participation in the development of the Hospital's major planning processes;
- (g) annual recommendation to the Department Chief regarding the Privileges to be granted to the Professional Staff members of the Division; and
- (h) such other responsibilities as may be delegated to him or her by the Department Chief.

## **Article 10 Medical Advisory Committee**

### **10.1 Composition of Medical Advisory Committee**

(1) The Medical Advisory Committee shall consist of the following voting members one of whom shall be the Chair in accordance with Section 9.2:

- (a) the Department Chief members of the Medical Staff who are appointed by the Board as Chair and Vice Chair respectively of the Medical Advisory Committee;
- (b) the Chiefs of Department;
- (c) the President, Vice-President and Secretary of the Professional Staff; and

(d) two (2) members of the Medical Staff as may be appointed by the Board from time to time to ensure that there are representatives to adequately represent the Sinai Health System sites and the full continuum of academic work and clinical services (from primary to quaternary care).

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

- (a) the Chief Executive Officer;
- (b) the Chief Nursing Executive;
- (c) the Vice-President Medical Affairs & Academic Issues;
- (d) the Chief Integration Officer (for a transition year);
- (e) Chair of the Research Ethics Board of the Sinai Health System; and
- (f) any Vice-President of the Hospital.

### **10.2 Recommendations of Medical Advisory Committee**

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

### **10.3 Medical Advisory Committee Duties and Responsibilities**

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

- (a) make recommendations to the Board concerning the following matters:
  - (i) every application for appointment or reappointment to the Professional Staff and any request for a change in Privileges;
  - (ii) the Privileges to be granted to each member of the Professional Staff;
  - (iii) the by-laws and Rules and Regulations respecting the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff;
  - (iv) the revocation, suspension or restrictions of Privileges of any member of the Professional Staff;
  - (v) the quality of care provided in the Hospital by the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff; and

- (b) supervise the clinical practice of medicine, dentistry, midwifery and extended class nursing in the Hospital;
- (c) appoint the Medical Staff members of all committees established under section 10.4;
- (d) receive reports of the committees of the Medical Advisory Committee;
- (e) advise the Board on any matters referred to the Medical Advisory Committee by the Board; and

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

#### **10.4 Establishment of Committees of the Medical Advisory Committee**

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

(2) The terms of reference and composition for any standing or special sub-committees of the Medical Advisory Committee may be set out in the Rules and Regulations or in a resolution of the Board, on recommendation of the Medical Advisory Committee. The Medical Staff members of any such subcommittee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee and other committee members may be appointed by the Board.

#### **10.5 Quorum for Medical Advisory Committee and Sub-Committee Meeting**

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

### **Article 11 Meetings – Professional Staff**

#### **11.1 Regular, Annual and Special Meetings of the Professional Staff**

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

(2) The President of the Professional Staff may call a special meeting of the Professional Staff. Special meetings shall be called by the President of the Professional Staff on the written request of the Board, the Chief Executive Officer, the Chair of the MAC, or any fifteen (15) members of the Active Staff, Active Provisional Staff or Active Associate Staff entitled to vote.

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

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

### **11.2 Quorum**

Fifty percent (50%) of members of the Professional Staff entitled to vote and present in person shall constitute a quorum at any annual, regular, or special meeting of the Professional Staff.

### **11.3 Rules of Order**

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

### **11.4 Professional Staff Meetings**

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

## **Article 12 Officers of the Professional Staff**

### **12.1 Officers of the Professional Staff**

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

(2) The officers of the Professional Staff will be:

(a) the President;

(b) the Vice-President;

(c) the Secretary; and

(d) such other officers as the Professional Staff may determine.

(3) The officers of the Professional Staff shall be elected annually for a term of one (1) year by a majority vote of the voting members of the Professional Staff in attendance and voting at a meeting of the Professional Staff.

(4) The officers of the Professional Staff may serve a maximum three (3) consecutive years in office. An officer may be re-elected to the same position following a break in continuous service of at least one (1) year.

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

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

## **12.2 Eligibility for Office**

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

## **12.3 Nominations and Election Process**

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

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

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

## **12.4 President of the Professional Staff**

(1) The President of the Professional Staff shall:

(a) preside at all meetings of the Professional Staff;

(b) act as a liaison between the Professional Staff, the Chief Executive Officer, and the Board with respect to matters concerning the Professional Staff

(c) support and promote the values and strategic plan of the Corporation.

(2) The President of the Professional Staff shall:



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

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

#### **12.5 Vice-President of the Professional Staff**

(1) The Vice-President of the Professional Staff shall:

(a) in the absence or disability of the President of the Professional Staff, act in place of the President, perform his or her duties and possess his or her powers as set out in subsection 12.4(1);

(b) perform such duties as the President of the Professional Staff may delegate to him or her; and

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

#### **12.6 Secretary of the Professional Staff**

The Secretary of the Professional Staff will:

(a) attend to the correspondence of the Professional Staff;

(b) ensure notice is given and minutes are kept of Professional Staff meetings;

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

(d) disburse funds at the direction of the Professional Staff, as determined by a majority vote of the Professional Staff members entitled to vote who are present and vote at a Professional Staff meeting;

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

(f) in the absence or disability of the Vice-President of the Professional Staff perform the duties and possess the powers of the Vice-President as set out in subsection 12.5(1).

#### **12.7 Other Officers**

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

## **Article 13 Amendments**

### **13.1 Amendments to Professional Staff By-law**

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

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

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

(c) the Medical Advisory Committee may make recommendations to the Board concerning the proposed amendment.

### **13.2 Repeal and Restatement**

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