

UNITY HEALTH TORONTO

CREDENTIALLED STAFF BY-LAW

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CREDENTIALLED STAFF BY-LAW OF
UNITY HEALTH TORONTO

ARTICLE 1. DEFINITIONS AND INTERPRETATION

1.01 Definitions

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

- (a) **“Affiliation Agreement”** means either the Affiliation Agreement – Providence Site, Affiliation Agreement – St. Joseph’s Site or Affiliation Agreement – St. Michael’s Site, as the context requires;
- (b) **“Affiliation Agreement – Providence Site”** means the agreement between the University and the Corporation pertaining to the status of the Providence Site as a teaching hospital site of the University;
- (c) **“Affiliation Agreement – St. Joseph’s Site”** means the agreement between the University and the Corporation pertaining to the status of the St. Joseph’s Site as a teaching hospital site of the University;
- (d) **“Affiliation Agreement – St. Michael’s Site”** means the agreement between the University and the Corporation pertaining to the status of the St. Michael’s Site as a teaching hospital site of the University;
- (e) **“Amalgamating Corporations”** means Providence Healthcare, St. Joseph’s Health Centre and St. Michael’s Hospital;
- (f) **“Associate Chief of Department”** means, if any, a Physician on the Active Staff of that Department who is appointed pursuant to section 14.04 to perform the duties set out in section 14.05;
- (g) **“Board”** means the board of directors of the Corporation;
- (h) **“business day”** means a day other than a Saturday, Sunday or a statutory holiday in Ontario;
- (i) **“By-law”** means this by-law, as amended or restated from time to time;
- (j) **“Chair of the Medical Advisory Committee”** means the member of the Medical Advisory Committee who is appointed pursuant to Article 14 to perform the duties set out in section 15.02;
- (k) **“Chief Executive Officer”** means the person who is appointed pursuant to the Corporation’s administrative by-law to be the president and chief executive officer of the Corporation. The Chief Executive Officer is also the administrator as defined

in the *Public Hospitals Act* and the officer in charge as defined in the *Mental Health Act*;

- (l) “**Chief Medical Officer**” means the person who is appointed from time to time by the Chief Executive Officer to facilitate the administration of medical governance and to perform such duties as may be assigned by the Chief Executive Officer or as set out from time to time in a position description;
- (m) “**Chief Nursing Executive**” means the senior nurse employed by the Corporation, who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- (n) “**Chief of Department**” means a Physician on the Active Staff of that Department who is appointed pursuant to section 14.02 to perform the duties set out in section 14.03;
- (o) “**Chief of Department – Providence Site**” means a Physician on the Active Staff of a Department that is established in accordance with this By-law to be specific to the Providence Site;
- (p) “**College**” means, as the context may require, the CPSO, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario, the College of Family Physicians of Canada, and the Royal College of Physicians and Surgeons of Canada, or their equivalents;
- (q) “**Corporation**” means the body corporate known as Unity Health Toronto formed by the amalgamation of the Amalgamating Corporations;
- (r) “**CPSO**” means the College of Physicians and Surgeons of Ontario;
- (s) “**Credentialed Staff**” means the Medical Staff, Dental Staff and Midwifery Staff;
- (t) “**Credentialed Staff Human Resources Plan**” means the plan developed by the Chief Executive Officer in consultation with the Chair of the Medical Advisory Committee and Chiefs of Department based on the mission, vision, values and strategic plan of the Corporation and on the needs of the community, which plan provides information and future projections of this information with respect to the management and appointment of Physicians, Dentists and Midwives who are or may become Credentialed Staff members;
- (u) “**Credentials Committee**” means a subcommittee of the Medical Advisory Committee tasked with reviewing all applications and reapplications for privileges and requests for a change in privileges in respect of one or more Sites, which may be a stand-alone subcommittee of the Medical Advisory Committee, or which may form a part of an executive committee of the Medical Advisory Committee, as determined by the Medical Advisory Committee from time to time;
- (v) “**day**”, unless otherwise specified as a business day, means a calendar day;

- (w) **“Dental Staff”** means:
 - (i) oral and maxillofacial surgeons to whom the Board has granted the privilege of diagnosing, prescribing for, or treating patients in the Hospital at one or more Sites; and
 - (ii) Dentists to whom the Board has granted the privilege of attending to patients in the Hospital at one or more Sites.
- (x) **“Dentist”** means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (y) **“Department”** means an organizational unit of the Credentialed Staff, which may be Site-specific and/or practice-specific, to which Credentialed Staff members have been assigned;
- (z) **“Department of Providence Site”** means an organizational unit of the Credentialed Staff, which is named Department of Rehabilitative Care, and which name may be changed from time to time;
- (aa) **“Director”** means a member of the Board;
- (bb) **“Division”** means an organizational unit of a Department;
- (cc) **“*ex officio*”** means membership “by virtue of the office” and includes all rights, responsibilities and powers to vote, unless otherwise specified;
- (dd) **“Head of Division”** means the Credentialed Staff member who is appointed pursuant to section 14.06 to perform the duties set out in section 14.07;
- (ee) **“Health Ethics Guide”** means the Health Ethics Guide of the Catholic Health Alliance of Canada as approved from time to time by the Canadian Conference of Catholic Bishops;
- (ff) **“Hospital”** means the public hospital operated by the Corporation on one or more Sites;
- (gg) **“Hospital Management Regulation”** means Regulation 965 to the *Public Hospitals Act*;
- (hh) **“Impact Analysis”** means a study to determine the impact upon the resources of the Corporation of either:
 - (i) a proposed appointment of any person to the Credentialed Staff; or
 - (ii) an application by a Credentialed Staff member for additional privileges or a change in privileges;

- (ii) “**Medical Advisory Committee**” means the committee established pursuant to Article 15;
- (jj) “**Medical Staff**” means those Physicians who are appointed by the Board and granted privileges to practice medicine in the Hospital at one or more Sites;
- (kk) “**Medical Staff Association**” means the association that is comprised of the Credentialed Staff members of the Corporation;
- (ll) “**Medical Staff Association Officers**” means the officers of the Medical Staff Association as specified in section 18.01(a);
- (mm) “**Midwife**” means a midwife in good standing with the College of Midwives of Ontario;
- (nn) “**Midwifery Staff**” means those Midwives who are appointed by the Board and granted privileges to practise midwifery in the Hospital at one or more Sites;
- (oo) “**patient**” means an “inpatient” or “outpatient” of the Corporation;
- (pp) “**Physician**” means a medical practitioner in good standing with the CPSO;
- (qq) “**Policies**” means the administrative, human resources, clinical and professional policies of the Hospital, and includes policies and procedures adopted by the Board pursuant to Article 2;
- (rr) “**Providence Site**” means the public hospital site and the long-term care facility formerly operated by Providence Healthcare;
- (ss) “**Public Hospitals Act**” means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the Hospital Management Regulation;
- (tt) “**Rules**” means the rules and regulations governing the practice of the Medical Staff, Dental Staff and Midwifery Staff in the Hospital both generally and within a particular Site or Department;
- (uu) “**Site**” means one of the Providence Site, St. Joseph’s Site and St. Michael’s Site, and “**Sites**” means any two or all of them, in each case as the context requires;
- (vv) “**Site-Based Credentialed Staff**” means the Credentialed Staff at a particular Site, as the context requires;
- (ww) “**Site-Based Medical Staff Association**” means the association that is comprised of the Credentialed Staff members of a Site and established in accordance with section 16.01(a);
- (xx) “**Site-Based Medical Staff Association Officers**” means the officers of the Site-Based Medical Staff Association as specified in section 16.02;

- (yy) “**St. Joseph’s Site**” means the public hospital site formerly operated by St. Joseph’s Health Centre;
- (zz) “**St. Michael’s Site**” means the public hospital site formerly operated by St. Michael’s Hospital;
- (aaa) “**University**” means University of Toronto; and
- (bbb) “**Vice Chair of the Medical Advisory Committee**” means the member of the Medical Advisory Committee who is appointed pursuant to Article 14 to perform the duties set out in section 15.03.

1.02 Interpretation

- (a) In this By-law, unless the context otherwise requires, words importing the singular number shall include the plural number and vice versa, words importing one gender shall include all genders, and the words “include”, “includes” or “including” shall be deemed to be followed by the words “without limitation”.
- (b) In this By-law, where the context may require, the accountabilities and duties of:
 - (i) the Credentialed Staff with Providence Site-specific privileges;
 - (ii) the Chief of Department - Providence Site;
 - (iii) the Medical Advisory Committee or any subcommittee thereof,extend to the Providence Site’s long-term care facility.

1.03 Delegation of Duties

Any of the Chief Executive Officer, Chair of the Medical Advisory Committee, Vice Chair of the Medical Advisory Committee, chair or vice chair of any subcommittee of the Medical Advisory Committee, Chief Medical Officer, Chief of Department and Associate Chief of Department (if appointed) shall be responsible for the duties assigned to him or her under this By-law, and he or she may delegate these duties to others.

ARTICLE 2. RULES AND POLICIES

2.01 Rules and Policies

- (a) The Board, after considering the recommendation of the Medical Advisory Committee, may make Rules as it deems necessary, including rules and regulations for patient care and safety and the conduct of members of the Medical Staff, Dental Staff and Midwifery Staff.
- (b) The Board, after considering the recommendation of the Medical Advisory Committee, may adopt Policies applicable to the Medical Staff, Dental Staff and

Midwifery Staff, including policies and procedures that are consistent with, and support the implementation of, the Rules.

- (c) The Medical Advisory Committee, after consulting with the Medical Staff Association, may adopt policies applicable to the Medical Staff, Dental Staff and Midwifery Staff, or to a group of such staff, or to a Department, including policies and procedures that are consistent with, and support the implementation of, the Rules and Policies.
- (d) The Medical Advisory Committee, after consulting with the relevant Site-Based Medical Staff Association, may, for that Site, adopt policies applicable to the Medical Staff, Dental Staff and Midwifery Staff, or to a group of such staff, or to a Department, including policies and procedures that are consistent with, and support the implementation of, the Rules and Policies.
- (e) The Chief of Department may adopt policies and procedures applicable to the Credentialed Staff of the Department, including policies and procedures that are consistent with, and support the implementation of, the Rules and Policies.

2.02 Consultation with Credentialed Staff

For the purposes of this By-law, where the Board or the Medical Advisory Committee is required to consult with the Medical Staff Association or a Site-Based Medical Staff Association, it shall be sufficient for the Board or the Medical Advisory Committee, as applicable, to receive and consider the input of the Medical Staff Association Officers or the Site-Based Medical Staff Association Officers, as applicable.

ARTICLE 3. HONORARY CONSULTANT DESIGNATION

3.01 Honorary Consultants

- (a) The Board, on the recommendation of the Medical Advisory Committee, may honour an individual by designating him or her as an Honorary Consultant for such term as the Board deems appropriate because he or she:
 - (i) is a former Credentialed Staff member who has retired from active practice; and
 - (ii) has an outstanding reputation or made an extraordinary accomplishment.
- (b) Honorary Consultants:
 - (i) shall not have privileges or provide patient care;
 - (ii) shall not have regularly assigned duties;
 - (iii) may attend Medical Staff Association and Site-Based Medical Staff Association meetings, but shall not vote at such meetings, and shall not be

eligible to be a Medical Staff Association Officer or a Site-Based Medical Staff Association Officer; and

- (iv) shall not be bound by any of the attendance requirements of the Credentialed Staff.

ARTICLE 4. APPOINTMENT AND REAPPOINTMENT TO CREDENTIALLED STAFF

4.01 Appointment

- (a) The Board, after considering the recommendation of the Medical Advisory Committee, shall annually appoint a Medical Staff and may appoint a Dental Staff and Midwifery Staff, and shall grant such privileges as it deems appropriate to each Credentialed Staff member so appointed.
- (b) Privileges shall be Site-specific, and may be for one Site or more than one Site.
- (c) All applications for appointment and reappointment to the Credentialed Staff shall be processed in accordance with this By-law and the *Public Hospitals Act*.

4.02 Term of Appointment

- (a) Subject to section 5.02(a), each appointment to the Credentialed Staff shall be for a term of up to one year.
- (b) Where a Credentialed Staff member has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - (i) unless section 4.02(b)(ii) applies, until the reappointment is granted or not granted by the Board; or
 - (ii) in the case of a Medical Staff member 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.

4.03 Qualifications and Criteria for Appointment to the Credentialed Staff

- (a) 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 Credentialed Staff.

- (b) An applicant for appointment to the Credentialed Staff must meet the following qualifications:
- (i) have adequate training and experience for the privileges requested;
 - (ii) have a demonstrated ability to:
 - (A) provide patient care at an appropriate level of quality and efficiency;
 - (B) work and communicate with, and relate to, others in a co-operative, collegial and professional manner;
 - (C) communicate with, and relate appropriately to, patients and patients' relatives and substitute decision makers;
 - (D) participate in the discharge of staff, committee and, if applicable, teaching responsibilities, and other duties appropriate to staff category;
 - (E) meet an appropriate standard of ethical conduct and behaviour;
 - (F) govern himself or herself in accordance with the requirements set out in this By-law, the Corporation's values, Rules and Policies;
 - (iii) have maintained the level of continuing professional education required by:
 - (A) the relevant regulatory College;
 - (B) if applicable, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, or their equivalents; and
 - (C) the Chief of the relevant Department.
 - (iv) have up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Corporation, the *Public Hospitals Act* or other legislation;
 - (v) have completed all mandatory training modules approved by the Medical Advisory Committee;
 - (vi) demonstrated adequate control of any significant physical or behavioural impairment affecting skill, attitude or judgment that might impact negatively on patient care or the operations of the Corporation; and
 - (vii) have current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice.

- (c) In addition to the qualifications set out in section 4.03(b), an applicant for appointment to the Medical Staff must meet the following qualifications:
 - (i) be qualified to practice medicine and licensed pursuant to the laws of Ontario;
 - (ii) have a Certificate of Registration in good standing with the CPSO or an equivalent certificate from his or her most recent licensing body;
 - (iii) have a current Certificate of Professional Conduct from the CPSO or the equivalent certificate from his or her most recent licensing body;
 - (iv) if applying to a Department of family medicine, hold certification by the College of Family Physicians of Canada or equivalent;
 - (v) if applying to a Department of emergency medicine, hold either:
 - (i) certification by the Royal College of Physicians and Surgeons of Canada; or
 - (ii) certification in emergency medicine by the College of Family Physicians of Canada, or equivalent;
 - (vi) if practicing in a specialty recognized by the Royal College of Physicians and Surgeons of Canada, hold a current valid certificate issued by the Royal College of Physicians and Surgeons of Canada or an educational licence for which the applicant has met all requirements, either by way of examination or by academic eligibility; and
 - (vii) if applying for Active Staff privileges at the St. Michael's Site, have an academic appointment with the University.
- (d) In addition to the qualifications set out in section 4.03(b), an applicant for appointment to the Dental Staff must meet the following qualifications:
 - (i) be qualified to practice dentistry and licensed pursuant to the laws of Ontario;
 - (ii) have a letter of good standing from the Royal College of Dental Surgeons of Ontario or the equivalent letter from his or her most recent licensing body; and
 - (iii) have a current Certificate of Professional Conduct from the Royal College of Dental Surgeons or the equivalent certificate from his or her most recent licensing body.
- (e) In addition to the qualifications set out in section 4.03(b), an applicant for appointment to the Midwifery Staff must meet the following qualifications:
 - (i) be qualified to practice midwifery and be licensed pursuant to the laws of Ontario;

- (ii) have a Certificate of Registration in good standing with the College of Midwives of Ontario or an equivalent certificate from his or her most recent licensing body; and
 - (iii) have a current Certificate of Professional Conduct from the College of Midwives of Ontario or the equivalent certificate from his or her most recent licensing body.
- (f) All appointments will require an Impact Analysis demonstrating that the Corporation has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Credentialed Staff Human Resources Plan, unless this requirement is waived by the Chief Executive Officer and the Chief Medical Officer.
- (g) In addition to any other provisions set out in this By-law, the Board may refuse to appoint any applicant to the Credentialed Staff on any of the following grounds:
- (i) the appointment is not consistent with the need for service, as determined by the Board from time to time;
 - (ii) the Credentialed Staff Human Resources Plan and/or the Impact Analysis does not demonstrate sufficient resources to accommodate the applicant; or
 - (iii) the appointment is not consistent with the mission, vision, values and strategic plan of the Corporation.

4.04 Application for Appointment to the Credentialed Staff

- (a) The Chief Executive Officer shall supply a copy of, or information on how to access, a prescribed form of the application and the mission, vision, values and strategic plan of the Corporation, this By-law, the Rules and appropriate Policies, the Health Ethics Guide and the criteria for appointment, to each Physician, Dentist and Midwife who expresses in writing the intention to apply for appointment to the Credentialed Staff.
- (b) An applicant for appointment to the Credentialed Staff shall submit to the Chief Executive Officer one original application in the prescribed form together with signed consents to enable the Corporation to make inquiries of the relevant College(s) and other hospitals, institutions and facilities where the applicant has previously provided professional services or received professional training to allow the Corporation to fully investigate the qualifications and suitability of the applicant.
- (c) Each applicant may be required to visit the Corporation for an interview with appropriate Credentialed Staff members and the Chief Executive Officer.

4.05 Processing of Application

- (a) Upon receipt of a completed application, the Chief Executive Officer shall deliver each original application immediately to the Medical Advisory Committee through the Chair of the Medical Advisory Committee, who shall keep a record of each application received and then refer the original application immediately to the chair of the Credentials Committee, with a copy to the relevant Chief of Department.
- (b) The Credentials Committee shall:
 - (i) review all materials in the application and ensure all required information has been provided;
 - (ii) investigate the qualifications, experience, professional reputation and competence of the applicant and consider if the criteria required by this By-law are met;
 - (iii) consult with the relevant Chiefs of Department and Heads of Division and obtain from each a written statement, made after due consultation with the staff of that Department and/or Division, setting out his or her recommendation;
 - (iv) submit a report of the findings to the Medical Advisory Committee at its next regular meeting, together with a recommendation that the application is acceptable, not acceptable, or is deferred for further investigation. In the case of a recommendation for appointment, the Credentials Committee shall specify the category of appointment and the specific privileges it recommends the applicant be granted.
- (c) The Medical Advisory Committee shall:
 - (i) receive and consider the reports and recommendations of the Credentials Committee;
 - (ii) review the application with reference to the Credentialed Staff Human Resources Plan and Impact Analysis; and
 - (iii) send, within 60 days of the date of receipt by the Chief Executive Officer of a completed application, written notice of its recommendation to the Board and to the applicant in accordance with the *Public Hospitals Act*.
- (d) Notwithstanding section 4.05(c)(iii), the Medical Advisory Committee may make its recommendation to the Board later than 60 days after receipt of a completed application, provided that, before expiry of the 60-day period, it advises the applicant and the Board in writing that a final recommendation cannot be made within such 60 days and gives written reasons therefor.

- (e) 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.
- (f) 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:
 - (i) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven days of the receipt by the applicant of notice of the recommendation; and
 - (ii) a Board hearing if a written request is received by the Board and the Medical Advisory Committee within seven days of the receipt by the applicant of the written reasons referred to above.
- (g) Where the applicant does not request a Board hearing, the Board may implement the recommendation of the Medical Advisory Committee.
- (h) Where the applicant requests a Board hearing, it shall be dealt with in accordance with the *Public Hospitals Act* and section 6.01.
- (i) The Board shall consider the Medical Advisory Committee recommendations within the time frame specified by the *Public Hospitals Act*.
- (j) The Board, in determining whether to make any appointment or reappointment to the Credentialed Staff or approve any request for a change in privileges, shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant, including the Credentialed Staff Human Resources Plan, Impact Analysis, the Corporation's mission, vision, values and strategic plan and the Corporation's ability to operate within its resources.

4.06 Temporary Appointment

- (a) Notwithstanding any other provision of this By-law, the Chief Executive Officer, together with one of the Chair of the Medical Advisory Committee or the Vice Chair of the Medical Advisory Committee, may:
 - (i) grant a temporary appointment and temporary privileges to a Physician, Dentist or Midwife provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported; and
 - (ii) continue the temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee until the next Board meeting.

- (b) A temporary appointment of a Physician, Dentist or Midwife may be made for any reason including:
 - (i) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - (ii) to meet an urgent unexpected need for a medical, dental or midwifery service.
- (c) The Board may, after considering the recommendation of the Medical Advisory Committee, continue a temporary appointment granted under section 4.06(a) for such period of time and on such terms as the Board determines.
- (d) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- (e) The temporary appointment shall specify the category of appointment and any limitations, restrictions or special requirements.

4.07 Reappointment

- (a) Each year, each Credentialed Staff member desiring reappointment to the Credentialed Staff shall submit an application in the prescribed form before the date specified by the Medical Advisory Committee.
- (b) 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 qualification.
- (c) The application for reappointment shall be processed in accordance with the *Public Hospitals Act* and section 4.05.

4.08 Qualifications and Criteria for Reappointment

In order to be eligible for reappointment, the applicant shall:

- (a) continue to meet the qualifications and criteria set out in section 4.03;
- (b) have conducted himself or herself in compliance with this By-law, the Corporation's values, Rules and Policies; and
- (c) demonstrate an appropriate use of the Corporation's resources.

4.09 Application for Change of Privileges

- (a) Each Credentialed Staff member who wishes to change his or her privileges shall submit in the prescribed form an application listing the change of privileges

requested, evidence of appropriate training and competence, and such other matters as the Board may require.

- (b) The application for change of privileges shall be processed in accordance with the *Public Hospitals Act* and section 4.05.

4.10 Leave of Absence

- (a) Upon request of a Credentialed Staff member to the relevant Chief of Department, the Chair of the Medical Advisory Committee may grant a leave of absence for up to one year, after receiving the recommendation of the Medical Advisory Committee:
 - (i) in the event of extended illness or disability of the member; or
 - (ii) in other circumstances acceptable to the Board.
- (b) After returning from a leave of absence, the Credentialed Staff member may be required to produce a medical certificate of fitness from a physician acceptable to the Chair of the Medical Advisory Committee. The Chair of the Medical Advisory Committee may impose such conditions on the privileges granted to such Credentialed Staff member as appropriate.
- (c) Leave of absence longer than one year will require reapplication for a Credentialed Staff appointment in the manner and subject to the criteria set out in this By-law, unless this requirement is waived by the Chief Executive Officer and one of the Chair of the Medical Advisory Committee or the Vice Chair of the Medical Advisory Committee.

4.11 Resignation from Credentialed Staff and Relinquishment of Privileges

- (a) When a Credentialed Staff member wishes to resign from the Credentialed Staff, he or she shall do so by giving written notice to his or her Chief(s) of Department at least three months before the proposed termination date, and such resignation shall take effect from the date specified in the notice, unless the notice is waived by the Chief(s) of Department or a shorter notice period is accepted by the Chief(s) of Department.
- (b) If an Active Staff member stops participating in all Hospital activities for more than 30 days without notice and without the consent of his or her Chief(s) of Department, his or her privileges may be deemed by the Chief(s) of Department to have been relinquished.

ARTICLE 5. MONITORING, SUSPENSION AND REVOCATION

5.01 Monitoring Practices and Transfer of Care

- (a) Any aspect of patient care or Credentialed Staff conduct being carried out in the Corporation may be reviewed without the approval of the Credentialed Staff member responsible for such care by the Chair of the Medical Advisory Committee, Chief Medical Officer or Chief of Department.
- (b) Where any Credentialed Staff member or the Corporation's staff reasonably believes that a Credentialed Staff member 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 immediately to one of the Chief of Department, Chief Medical Officer, Chair of the Medical Advisory Committee and Chief Executive Officer, so that appropriate action can be taken.
- (c) The Chief of Department, on notice to the Chief Medical Officer and/or Chair of the Medical Advisory Committee, 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 Credentialed Staff member or any consulting Credentialed 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 Medical Officer and/or Chair of the Medical Advisory Committee, notice shall be given as soon as possible.
- (d) If the Chair of the Medical Advisory Committee, Chief Medical Officer or Chief of Department becomes aware that, in his or her opinion a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall immediately discuss the condition, diagnosis, care and treatment of the patient with the attending Credentialed Staff member. If changes in the diagnosis, care or treatment satisfactory to the Chair of the Medical Advisory Committee, Chief Medical Officer or Chief of Department, 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.
- (e) Where the Chair of the Medical Advisory Committee, Chief Medical Officer or Chief of Department has cause to take over the care of a patient, the Chief Executive Officer, Chair of the Medical Advisory Committee, Chief Medical Officer or Chief of Department, as the case may be, and one other member of the Medical Advisory Committee, the attending Credentialed Staff member, 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, Chief Medical Officer or Chief of Department shall file a written report with the Medical Advisory Committee within 48 hours of his or her action.

- (f) Where the Medical Advisory Committee concurs in the opinion of the Chair of the Medical Advisory Committee, Chief Medical Officer or Chief of Department who has taken action under section 5.01(d) 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.

5.02 Revocation of Appointment or Restriction or Suspension of Privileges

- (a) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke any appointment of a Credentialed Staff member or restrict, suspend or otherwise deal with the privileges of a Credentialed Staff member.
- (b) Any administrative appointment or leadership position of the Credentialed Staff member will automatically terminate upon the revocation of appointment or the restriction or suspension of privileges, unless otherwise determined by the Board.

5.03 Immediate Action

- (a) The Chief Executive Officer, Chair of the Medical Advisory Committee, Vice Chair of the Medical Advisory Committee, Chief Medical Officer or Chief of Department may temporarily restrict or suspend the privileges of any Credentialed Staff member in circumstances where in his or her opinion the Credentialed Staff member's conduct, performance or competence:
 - (i) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Corporation to harm or injury; or
 - (ii) is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Corporation,

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

- (b) Before the Chief Executive Officer, Chair of the Medical Advisory Committee, Vice Chair of the Medical Advisory Committee, Chief Medical Officer or Chief of Department takes action authorized in section 5.03(a), he or she 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 shall provide immediate notice to the others. The person who takes the action shall forthwith submit a written report on the action taken with all relevant materials and/or information to the Medical Advisory Committee.

5.04 Non-Immediate Action

- (a) The Chief Executive Officer, Chair of the Medical Advisory Committee, Vice Chair of the Medical Advisory Committee, Chief Medical Officer or Chief of Department may recommend to the Medical Advisory Committee that the appointment of any Credentialed Staff member be revoked or that the privileges be

restricted or suspended in any circumstances where in his or her opinion the Credentialed Staff member's conduct, performance or competence:

- (i) fails to meet or comply with the criteria for annual reappointment;
 - (ii) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Corporation to harm or injury;
 - (iii) is or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Corporation or impact negatively on the operations of the Corporation; or
 - (iv) fails to comply with the Corporation's by-laws, Rules or Policies, the *Public Hospitals Act* or any other relevant law.
- (b) Before making a recommendation, an investigation may be conducted. Where an investigation is conducted it may be assigned to an individual within the Corporation other than the Medical Advisory Committee or an external consultant.

5.05 Referral to Medical Advisory Committee for Recommendation

- (a) Following the temporary restriction or suspension of privileges, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a Credentialed Staff member, the following process shall be followed:
- (i) the Chief of Department of which the individual is a member or an appropriate alternate designated by the Chair of the Medical Advisory Committee, Vice Chair of the Medical Advisory Committee, Chief Medical Officer or Chief Executive Officer shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation made, as the case may be, with all relevant materials and/or information;
 - (ii) a date for consideration of the matter will be set not more than ten days from the time the written report is received by the Medical Advisory Committee;
 - (iii) as soon as possible, and in any event, at least seven business days before the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:
 - (A) the time and place of the meeting;
 - (B) the purpose of the meeting; and
 - (C) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.

- (b) The date for the Medical Advisory Committee to consider the matter may be extended by:
 - (i) an additional seven business days in the case of a referral under section 5.03; or
 - (ii) any number of days in the case of a referral under section 5.04, if the Medical Advisory Committee considers it necessary to do so.
- (c) The Medical Advisory Committee may:
 - (i) set aside the restriction or suspension of privileges; or
 - (ii) recommend to the Board a revocation of the appointment or a restriction or suspension of privileges on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a subcommittee of the Medical Advisory Committee.
- (d) If the Medical Advisory Committee recommends the continuation of the restriction or suspension 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 seven business days of the Medical Advisory Committee meeting provide the member with written notice of the Medical Advisory Committee's recommendation.
- (e) The written notice shall inform the member that he or she is entitled to:
 - (i) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven days of the member's receipt of the notice of the recommendation; and
 - (ii) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven days of the receipt by the member of the written reasons requested.
- (f) If the member requests written reasons for the recommendation, the Medical Advisory Committee shall provide the written reasons to the member within seven business days of receipt of the request.

ARTICLE 6. BOARD HEARING

6.01 Board Hearing

- (a) A Board hearing shall be held when one of the following occurs:
 - (i) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment or requested privileges not be

granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or

- (ii) the Medical Advisory Committee makes a recommendation to the Board that the privileges of a Credentialed Staff member be restricted or suspended or an appointment be revoked and the member requests a hearing.
- (b) The Board will name a place and time for the hearing.
- (c) In the case of immediate restriction or suspension of privileges, the Board hearing shall be held within seven days of the date the member requests the hearing. In the case of non-immediate restriction or suspension of privileges or revocation of appointment, the Board hearing shall be held as soon as practicable but not later than 28 days after the Board receives the written notice from the member requesting the hearing.
- (d) The Board may extend the time for the hearing date if it is considered appropriate.
- (e) The Board will give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least seven days before the hearing date.
- (f) The notice of the Board hearing will include:
 - (i) the place and time of the hearing;
 - (ii) the purpose of the hearing;
 - (iii) a statement that the applicant or member and Medical Advisory Committee will be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
 - (iv) a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses and tender documents in evidence in support of his or her case;
 - (v) a statement that the time for the hearing may be extended by the Board on the application of any party; and
 - (vi) a statement that if the applicant or member does not attend the meeting, the Board may proceed in the absence of the applicant or member, and the applicant or member will not be entitled to any further notice in the hearing.
- (g) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.
- (h) The applicant or member requiring a hearing 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.

- (i) Directors 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.
- (j) 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*.
- (k) No Director 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.
- (l) The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Credentialed 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.
- (m) A written copy of the decision of the Board will be provided to the applicant or member and to the Medical Advisory Committee.
- (n) 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 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.
- (o) A panel of the Board may hold a Board hearing pursuant to this Article 6, provided that: (i) the panel shall be comprised of not fewer than three Directors; and (ii) the panel's quorum shall be not fewer than three Directors, of whom at least two shall be elected Directors. All decisions of the panel shall require a majority vote and in the event of a tie, the chair of the panel shall have a casting vote to break the tie. Where the panel commences a hearing and a panel member becomes unable to continue to act, the remaining Directors on the panel may complete the hearing notwithstanding the panel member's absence, provided that the quorum requirements continue to be met. Any decision of the panel shall be deemed for all purposes to be the decision of the Board.

ARTICLE 7. CREDENTIALLED STAFF CATEGORIES

7.01 Categories and Subcategories

- (a) The Medical Staff shall be divided into the following categories:
 - (i) Active Staff, with the following subcategories:
 - (A) Active Staff – Primary;
 - (B) Active Staff – Provisional;
 - (C) Active Staff – Secondary;
 - (ii) Courtesy and Consultant Staff, with the following subcategories:
 - (A) Courtesy Staff;
 - (B) Consultant Staff;
 - (iii) Clinical Associate Staff, with the following subcategories:
 - (A) Clinical Associate Staff – Covering;
 - (B) Clinical Associate Staff – Term;
 - (iv) and such other categories as the Board may determine from time to time after considering the recommendation of the Medical Advisory Committee.
- (b) The Dental Staff and Midwifery Staff may be divided into such categories, with such subcategories and duties, as the Board may determine from time to time after considering the recommendation of the Medical Advisory Committee.

ARTICLE 8. ACTIVE STAFF

8.01 Active Staff

- (a) An Active Staff designation comes with the highest level of privileges, responsibilities and commitment to patient care at the Hospital.
- (b) The Active Staff shall consist of those Physicians who have been appointed to the Active Staff by the Board.
- (c) An Active Staff member who is a Physician with privileges at the St. Michael’s Site must hold a teaching appointment in the appropriate Health Science Faculty of the University of such rank as the University may determine.
- (d) In addition to the duties set out in section 12.01, each Active Staff member shall:

- (i) have admitting privileges unless otherwise specified in his or her appointment; and
 - (ii) fulfil such on-call requirements as may be established by each Department or Division in accordance with the Credentialed Staff Human Resource Plan and the Rules.
- (e) Each Active Staff member may attend Medical Staff Association meetings and any Site-Based Medical Staff Association meetings. Each Active Staff - Primary member is eligible to vote at Medical Staff Association meetings and to serve as a Medical Staff Association Officer. Each Active Staff - Primary member of a Site is eligible to vote at that Site's Site-Based Medical Staff Association meetings and to serve as a Site-Based Medical Staff Association Officer for that Site.

8.02 Active Staff – Primary

- (a) The Active Staff – Primary shall consist of those Physicians who have been appointed to the Active Staff – Primary subcategory by the Board and who have completed satisfactory service as Active Staff – Provisional of at least one year or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff – Primary subcategory.
- (b) An Active Staff – Primary Physician shall meet the requirements of the relevant Affiliation Agreement.

8.03 Active Staff – Provisional

- (a) The Active Staff – Provisional shall consist of those Physicians who have been appointed to the Active Staff – Provisional subcategory by the Board and who work on probation.
- (b) If any periodic assessment is not favourable to an Active Staff – Provisional member, the Medical Advisory Committee may recommend the appointment of the member be terminated.
- (c) The maximum term of appointment to the Active Staff – Provisional for an academic appointment shall correspond to the relevant University appointment and probationary period. For all other appointments, in no event shall an appointment to the Active Staff – Provisional extend beyond two years.
- (d) No member of the Active Staff – Provisional shall be recommended for appointment to the Active Staff - Primary unless he or she has been an Active Staff – Provisional member for at least one year.

8.04 Active Staff – Secondary

- (a) The Active Staff – Secondary shall consist of those Physicians who have been appointed to the Active Staff – Secondary subcategory by the Board.

- (b) An Active Staff – Secondary Physician has an active staff appointment at another hospital and works predominantly at that other hospital.

ARTICLE 9. COURTESY AND CONSULTANT STAFF

9.01 Courtesy and Consultant Staff

- (a) The Courtesy and Consultant Staff is generally associated with fewer patient care responsibilities than for Active Staff, and the time commitment to Hospital service is generally more limited than for Clinical Associate Staff. This designation fits Medical Staff who may have appointments at other hospitals or clinical settings, and who provide occasional service that benefits a Department and patients.
- (b) The Courtesy and Consultant Staff shall consist of those Physicians who have been appointed to the Courtesy and Consultant Staff by the Board.
- (c) In addition to the duties set out in section 12.01, each Courtesy and Consultant Staff member shall:
 - (i) have such limited privileges as may be granted by the Board on an individual basis;
 - (ii) provide such on-call coverage as may be required by the Chief of the Department to which the member has been assigned; and
 - (iii) perform such teaching, research and administrative duties as may be required by the Chief of the Department to which the member has been assigned.
- (d) Each Courtesy and Consultant Staff member may attend Medical Staff Association meetings and Site-Based Medical Staff Association meetings, but shall not vote at such meetings and shall not be eligible to serve as a Medical Staff Association Officer and/or a Site-Based Medical Staff Association Officer.

9.02 Courtesy Staff

- (a) The Courtesy Staff shall consist of those Physicians who have been appointed to the Courtesy Staff by the Board in one or more of the following circumstances:
 - (i) the applicant has a staff appointment at another hospital or clinical setting;
 - (ii) the applicant has a primary commitment to, or contractual relationship with, another organization or community practice;
 - (iii) the applicant requests limited access to Hospital resources or facilities;
 - (iv) the applicant meets a special but limited clinical or academic service need of the Corporation on a limited, ongoing basis; or

- (v) where the Board, on the recommendation of the Medical Advisory Committee, deems it otherwise advisable.

9.03 Consultant Staff

- (a) The Consultant Staff shall consist of those Physicians who have been appointed to the Consultant Staff by the Board in one or more of the following circumstances:
 - (i) the Physician has:
 - (A) outstanding clinical or academic credentials, such as Chair of a University department;
 - (B) particular expertise of value to the Hospital; or
 - (C) an outstanding reputation or extraordinary accomplishment.
- (b) Consultant Staff privileges must be requested by the Chair of the Medical Advisory Committee or Vice-Chair of the Medical Advisory Committee, who provides a rationale for the appointment. No individual physician may apply.

ARTICLE 10. CLINICAL ASSOCIATE STAFF

10.01 Clinical Associate Staff

- (a) The Clinical Associate Staff shall consist of those Physicians who are appointed by the Board to the Clinical Associate Staff to provide temporary clinical and/or academic support for a specified duration.
- (b) Subject to section 5.02(a), the term of appointment of:
 - (i) a Clinical Associate Staff – Covering member shall be for up to one year, renewable once for a further period of up to one year; however, the Board, after considering the recommendation of the Medical Advisory Committee, may permit renewal beyond two years in exceptional circumstances; and
 - (ii) a Clinical Associate Staff – Term member shall be for up to one year and any renewal shall be subject to a review of the Hospital's needs and the member's performance in the previous term.
- (c) In addition to the duties set out in section 12.01, each Clinical Associate Staff member shall:
 - (i) have such limited privileges as may be granted by the Board on an individual basis;
 - (ii) provide such on-call coverage as may be required by the Chief of the Department to which the member has been assigned; and

- (iii) perform such teaching, research and administrative duties as may be required by the Chief of the Department to which the member has been assigned.
- (d) Each Clinical Associate Staff member may attend Medical Staff Association meetings and Site-Based Medical Staff Association meetings, but shall not vote at such meetings and shall not be eligible to serve as a Medical Staff Association Officer and/or a Site-Based Medical Staff Association Officer.

10.02 Clinical Associate Staff – Covering

The Clinical Associate Staff – Covering shall consist of those Physicians who have been appointed to the Clinical Associate Staff – Covering by the Board in order to meet specific clinical and/or academic needs for a defined period of time as a planned replacement for a Physician.

10.03 Clinical Associate Staff – Term

The Clinical Associate Staff – Term shall consist of those Physicians who have been appointed to the Clinical Associate Staff – Term by the Board to fill a specified clinical and/or academic need for a defined period of time.

ARTICLE 11. DENTAL STAFF AND MIDWIFERY STAFF

11.01 Dental Staff and Midwifery Staff

- (a) The Board, after considering the recommendation of the Medical Advisory Committee, will delineate the privileges for each Dental Staff member and Midwifery Staff member.
- (b) A Dental Staff member or Midwifery Staff member may attend Medical Staff Association meetings and Site-Based Medical Staff Association meetings, but shall not vote at such meetings and shall not be eligible to serve as a Medical Staff Association Officer and/or a Site-Based Medical Staff Association Officer.

ARTICLE 12. CREDENTIALLED STAFF DUTIES AND RESPONSIBILITIES

12.01 Duties, General

- (a) Each Credentialed Staff member is accountable to and shall recognize the authority of, the Board through and with the Chair of the Medical Advisory Committee, Chief of the Department(s) to which he or she has been assigned, Head of Division(s) (if applicable), Chief Medical Officer, Chief Executive Officer and Chief Nursing Executive (if applicable).

(b) Each Credentialed Staff member shall:

co-operate with the Medical Advisory Committee, Chair of the Medical Advisory Committee, Chief of the Department(s) to which he or she has been assigned, Head of Division(s) (if applicable), Chief Medical Officer, Chief Executive Officer and Chief Nursing Executive (if applicable);

- (i) attend and treat patients within the limits of the privileges granted by the Board, unless the privileges are otherwise restricted, and within the limits of their clinical skills and scope of practice;
- (ii) be responsible to the Chief of the Department to which he or she has been assigned for all aspects of patient care, and provide care at a level of quality and effectiveness generally recognized as appropriate for an academic health sciences centre;
- (iii) immediately advise the Chief Medical Officer, Chief Executive Officer, Chair of the Medical Advisory Committee and Vice Chair of the Medical Advisory Committee of any matter that would be required to be disclosed by this By-law, the Rules, Policies and/or reapplication process, including:
 - (A) receipt of notice of any change or proposed change in the member's registration or licensure with the relevant College;
 - (B) any change in the member's professional liability insurance coverage; and
 - (C) the commencement of any investigation or proceeding;
- (iv) notify the Board in writing through the Chief Executive Officer of any additional professional degrees or qualifications obtained;
- (v) participate in:
 - (A) quality of care, quality improvement, patient safety, workplace safety and workplace management initiatives, as appropriate;
 - (B) annual and any enhanced periodic performance reviews and provide such releases and consents as will enable such reviews to be conducted;
 - (C) continuing education as required by the relevant Department(s) and/or College;
- (vi) prepare and complete patient records in accordance with the Rules, Policies, applicable legislation and regulations and accepted industry standards;

- (vii) meet with the relevant Head(s) of Division and Chief(s) of Department as reasonably requested;
 - (viii) meet the attendance obligations, if any, for Department and Division meetings;
 - (ix) serve on Hospital and Medical Staff committees as reasonably requested by the Head(s) of Division and Chief(s) of Department;
 - (x) notify patients and/or their families or other appropriate persons about their options for tissue and organ donation;
 - (xi) use the Hospital's resources in an appropriate and efficient manner;
 - (xii) adhere to the highest ethical standards of the profession, and respect the mission, vision and values of the Corporation;
 - (xiii) work and communicate with, and relate to, others in a co-operative, collegial and professional manner consistent with the Corporation's mission and values;
 - (xiv) not undertake any conduct that would be disruptive to the Department or Division or adversely affect Hospital operations or the Hospital's reputation or standing in the community;
 - (xv) abide by the *Public Hospitals Act* and the Hospital Management Regulation and all other legislative and regulatory requirements, this By-law, the Rules and Policies, and the Health Ethics Guide; and
 - (xvi) perform such other duties as may be prescribed from time to time by, or under the authority of, the Board, Medical Advisory Committee, Chair of the Medical Advisory Committee, Vice Chair of the Medical Advisory Committee, Chief Medical Officer or Chief of the Department or Departments to which the member has been assigned.
- (c) If the Chair of the Medical Advisory Committee and/or the Chief of Department request(s) a meeting with a Credentialed Staff member for the purpose of interviewing that Credentialed Staff member regarding any matter, the member shall attend the interview at a mutually agreeable time but within 14 days of the request.

ARTICLE 13. CREDENTIALLED STAFF – DEPARTMENTS

13.01 Credentialed Staff Departments

- (a) The Credentialed Staff may be organized into such Departments as may be approved by the Board from time to time after considering the recommendation of the Medical Advisory Committee.

- (b) Each Credentialed Staff member shall be appointed to a minimum of one Department.

13.02 Divisions within a Department

A Department may be divided into such Divisions as may be approved by the Board from time to time. A Division may be Site-specific and/or service specific as recommended by the Medical Advisory Committee, after considering the recommendation of the Chief of Department, and approved by the Board. The Chief Medical Officer shall maintain a current list of Departments and Divisions for that Site.

13.03 Changes to Departments and Divisions

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

13.04 Department Meetings

Subject to the policies that may be established by a Department, each Credentialed Staff member is expected to attend the meetings of each Department of which he or she is a member as follows:

- (a) Active Staff members are expected to attend at least 70% of the Department meetings; and
- (b) all other Credentialed Staff members are expected to attend at least 50% of the Department meetings.

ARTICLE 14. CREDENTIALLED STAFF LEADERSHIP POSITIONS

14.01 Leadership Positions

- (a) The following positions shall be appointed in accordance with this By-law:
 - (i) the Chair of the Medical Advisory Committee;
 - (ii) the Vice Chair of the Medical Advisory Committee;
 - (iii) a Chief Medical Officer; and
 - (iv) Chiefs of Department.
- (b) The Board, upon the recommendation of the Medical Advisory Committee, shall appoint the Chair of the Medical Advisory Committee and the Vice Chair of the Medical Advisory Committee from among its members. It is intended that the Chair of the Medical Advisory Committee and Vice Chair of the Medical Advisory Committee shall be appointed from different Sites on a rotating basis.

- (c) Subject to annual confirmation by the Board:
 - (i) the term of office of each of the Chair of the Medical Advisory Committee and the Vice Chair of the Medical Advisory Committee shall be two years;
 - (ii) if the Chair or Vice Chair of the Medical Advisory Committee ceases to be a Chief of Department, that individual may:
 - (A) continue to hold his or her office as Chair or Vice Chair of the Medical Advisory Committee;
 - (B) be re-appointed as Chair or Vice Chair of the Medical Advisory Committee to complete the term of office as such; and
 - (C) in the case of a Vice Chair, succeed to the office of Chair.
- (d) The following positions may be appointed in accordance with this By-law:
 - (i) Associate Chiefs of Departments; and
 - (ii) Heads of Division.
- (e) The term of office of the Chiefs of Department, Associate Chiefs of Departments (if any) and Heads of Division (if any) shall be as provided in sections 14.02, 14.04 and 14.06, respectively.
- (f) Notwithstanding any other provision in this By-law, if 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.
- (g) A person may be appointed 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.
- (h) An appointment to any position referred to in this section may be revoked or suspended by the Board at any time.
- (i) An appointment to the position of Head of Division may also be revoked or suspended by the relevant Chief of Department at any time.
- (j) The Board shall receive and consider the input of the appropriate Credentialed Staff before it makes an appointment to a Credentialed Staff leadership position.
- (k) No individual may simultaneously hold the position of:
 - (i) Chair or Vice Chair of the Medical Advisory Committee; and

- (ii) president, vice president or secretary of a Site-Based Medical Staff Association.

14.02 Chiefs of Department

- (a) The Board shall appoint a Physician on the Active Staff as Chief of each Department, after considering the recommendation of the Medical Advisory Committee made following the conclusion of a Board-approved search committee process that complies with the relevant Affiliation Agreement (if applicable).
- (b) Subject to section 14.02, the relevant Affiliation Agreement (if applicable) and the Hospital's Rules and Policies:
 - (i) a Chief of Department shall be appointed for a five year term;
 - (ii) before the reappointment of a Chief of Department who has served in that capacity for one five-year term, there shall be a major performance review;
 - (iii) before the reappointment of a Chief of Department who has served in that capacity for two consecutive five-year terms, there shall be a formal open search to which the incumbent may apply;
 - (iv) in extraordinary circumstances, after two consecutive five-year terms, the incumbent may be considered for additional appointment without a more extensive search process;
 - (v) in very small Departments (generally understood to be Departments having five or fewer Active Staff Physicians), the turnover policy and process may be waived; and
 - (vi) after three consecutive five-year terms, there shall be a formal open search to which the incumbent may apply.

14.03 Duties of Chief of Department

A Chief of Department shall:

- (a) be accountable to the:
 - (i) Board, through the Medical Advisory Committee, with respect to quality of care, medical diagnosis, care and treatment of patients;
 - (ii) Dean of the Faculty of Medicine, or delegate, through the University, for academic matters related to the University (where applicable); and
 - (iii) Chief Executive Officer on matters of planning, management and administration of the Department;

- (b) be a member of the Medical Advisory Committee;
- (c) 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;
- (d) advise the Medical Advisory Committee, with respect to the quality of care provided by the Medical Staff, Dental Staff and Midwifery Staff members of the Department;
- (e) conduct a written performance evaluation of all members of the Department on an annual basis as part of the reappointment process and conduct an enhanced performance evaluation on a periodic basis;
- (f) hold regular meetings of the Department;
- (g) delegate responsibility to appropriate members of the Department;
- (h) report to the Medical Advisory Committee, and to the Department on the activities of the Department;
- (i) ensure the Department's activities are consistent with the relevant Affiliation Agreement (where applicable);
- (j) perform such additional duties as may be outlined in the Chief of Department position description approved by the Board or as set out in the Rules or as assigned by the Board, the Chair of the Medical Advisory Committee, the Vice Chair of the Medical Advisory Committee, the Medical Advisory Committee or the Chief Executive Officer from time to time; and
- (k) in consultation with the Chair of the Medical Advisory Committee, designate an alternative to act during the absence of both the Chief of Department and the Associate Chief of Department, if any.

14.04 Associate Chiefs of Department

Where appropriate, the Board may appoint a Physician on the Active Staff of that Department as Associate Chief of Department.

14.05 Duties of the Associate Chiefs of Department

The Associate Chief of Department, if appointed, is the delegate of the Chief of Department. The Associate Chief of Department has duties similar to those of the Chief of Department as determined by the Chief of Department.

14.06 Heads of Divisions

- (a) The Chief of a Department may appoint a Credentialed Staff member of that Department as Head of one or more Divisions, following the conclusion of a Board-approved appointment process that complies with the relevant Affiliation Agreement (if applicable).
- (b) Subject to sections 14.01(h), 14.01(i) and 14.02, and the Hospital's Rules and Policies:
 - (i) a Head of Division shall be appointed for a five year term;
 - (ii) before the reappointment of a Head of Division who has served in that capacity for one five-year term, there shall be a performance review;
 - (iii) a Head of Division shall not normally serve in that capacity for more than two consecutive five-year terms;
 - (iv) before the reappointment of a Head of Division who has served in that capacity for two consecutive five-year terms, there shall be a formal open search to which the incumbent may apply;
 - (v) in extraordinary circumstances, after two consecutive five-year terms, the incumbent may be considered for additional appointment without a more extensive search process;
 - (vi) in very small Departments (generally understood to be Departments having five or fewer Active Staff Physicians), the turnover policy and process may be waived; and
 - (vii) after three consecutive five-year terms, there shall be a formal open search to which the incumbent may apply.

14.07 Duties of the Heads of Divisions

The Head of Division shall:

- (a) be responsible to the Board through the Chief of Department, Associate Chief of Department (if any), Chair of the Medical Advisory Committee and Vice Chair of the Medical Advisory Committee for the quality of care rendered to patients in his or her Division and for education and research in the Division; and
- (b) perform all of the duties as may from time to time be assigned by the Board, the Chief of Department, Associate Chief of Department (if any), Chair of the Medical Advisory Committee or Vice Chair of the Medical Advisory Committee, or as set out in a position description approved by the Board from time to time.

ARTICLE 15. MEDICAL ADVISORY COMMITTEE

15.01 Composition

- (a) The Medical Advisory Committee shall consist of the following persons, each of whom shall have one vote:
 - (i) the Chiefs of each Site-specific and practice-specific Department;
 - (ii) the Chief Medical Officer;
 - (iii) the President of the Medical Staff Association;
 - (iv) the Vice President of the Medical Staff Association;
 - (v) the Secretary of the Medical Staff Association;
 - (vi) the Chief of the Dental Staff (if any); and
 - (vii) such other Medical Staff members as may be appointed by the Board from time to time on the recommendation of the Chair and Vice Chair of the Medical Advisory Committee following consultation with the Chief Medical Officer and the Chief Executive Officer.

- (b) Each of the following individuals or their delegate shall be entitled to attend Medical Advisory Committee meetings as a non-voting member:
 - (i) Chief Executive Officer;
 - (ii) Chief Nursing Executive;
 - (iii) in the last year of office of a president of a Site-Based Medical Staff Association, the respective vice president of the Site-Based Medical Staff Association; and
 - (iv) such others as may be determined from time to time by the Medical Advisory Committee or the Board.

15.02 Duties of the Chair of the Medical Advisory Committee

The Chair of the Medical Advisory Committee shall:

- (a) be an *ex officio* non-voting Director and, as a Director, fulfill fiduciary duties to the Corporation;
- (b) be an *ex officio* member of, and chair, the Medical Advisory Committee;
- (c) be an *ex officio* member of, and chair, the executive committee of the Medical Advisory Committee (if any);

- (d) be an *ex officio* member of, and chair, the Credentials Committee of the Medical Advisory Committee;
- (e) be an *ex officio* member of all other subcommittees that report to the Medical Advisory Committee;
- (f) report regularly to the Board on the work and recommendations of the Medical Advisory Committee;
- (g) 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; and
- (h) perform such additional duties as may be outlined in the Chair of the Medical Advisory Committee position description approved by the Board from time to time or as assigned by the Board, the Medical Advisory Committee or the Chief Executive Officer from time to time.

15.03 Duties of the Vice Chair of the Medical Advisory Committee

The Vice Chair of the Medical Advisory Committee shall:

- (a) be an *ex officio* non-voting Director and, as a Director, fulfill fiduciary duties to the Corporation;
- (b) be an *ex officio* member of the Medical Advisory Committee;
- (c) be an *ex officio* member of all subcommittees that report to the Medical Advisory Committee;
- (d) have the power and perform the duties of the Chair of the Medical Advisory Committee in the absence or disability of the Chair of the Medical Advisory Committee; and
- (e) perform such additional duties as may be outlined in the Vice Chair of the Medical Advisory Committee position description approved by the Board from time to time or as assigned by the Board, the Medical Advisory Committee, the Chair of the Medical Advisory Committee or the Chief Executive Officer from time to time.

15.04 Duties of the Medical Advisory Committee

The Medical Advisory Committee shall meet a minimum of 10 times in each fiscal year and shall perform the duties and undertake the responsibilities set out in the *Public Hospitals Act* and this By-law, including:

- (a) make recommendations to the Board concerning the following matters:
 - (i) every application for appointment or reappointment to the Credentialed Staff and any request for a change in privileges;
 - (ii) the privileges to be granted to each Credentialed Staff member;
 - (iii) this By-law and the Rules and Policies respecting the Medical Staff, Dental Staff and Midwifery Staff;
 - (iv) the revocation of appointment or the restriction or suspension of privileges of any Credentialed Staff member; and
 - (v) the quality of care provided in the Corporation by the Medical Staff, Dental Staff and Midwifery Staff;
- (b) supervise the practice and behaviours of the Credentialed Staff in the Hospital;
- (c) develop an ongoing peer review process for assessment of quality care;
- (d) appoint the Medical Staff members to all Medical Advisory Committee subcommittees;
- (e) receive, consider and act upon reports of the Medical Advisory Committee subcommittees;
- (f) facilitate and promote medical research and medical education activities at the Hospital;
- (g) advise the Board on:
 - (i) the process of care delivery, clinical outcomes, quality improvement and appropriateness of care and the utilization of Hospital facilities and resources;
 - (ii) research and educational matters where such matters relate to issues of patient care or quality of care;
 - (iii) any matters referred to the Medical Advisory Committee by the Board; and
 - (iv) other matters discussed by the Medical Advisory Committee at its regularly scheduled meetings; and
- (h) where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under section 2(a)(v) of the Hospital Management Regulation, make recommendations about those issues to the Hospital's quality committee established under subsection 3(1) of the *Excellent Care for All Act*.

15.05 Executive Committee of the Medical Advisory Committee

- (a) The Medical Advisory Committee may establish an executive committee.
- (b) If established:
 - (i) it shall be composed of the Chair of the Medical Advisory Committee, who shall be the chair, the Vice Chair of the Medical Advisory Committee, the Chief Medical Officer, the President of the Medical Staff Association, and the Vice President of the Medical Staff Association;
 - (ii) it shall:
 - (A) assist the Chair of the Medical Advisory Committee in proposing agenda for meetings of the Medical Advisory Committee;
 - (B) act as an advisory committee to the Medical Advisory Committee on issues brought to the Medical Advisory Committee or referred to the executive committee by the Board or the Chief Executive Officer;
 - (C) exercise the full powers of the Medical Advisory Committee in all urgent matters reporting every action at the next meeting of the Medical Advisory Committee; and
 - (D) meet as required at the call of the Chair of the Medical Advisory Committee, report at the next meeting of the Medical Advisory Committee, and perform the duties assigned to it by this By-law and by the Medical Advisory Committee; and
 - (iii) it may do the work of the Credentials Committee, if a stand-alone Credentials Committee is not established by the Medical Advisory Committee.

15.06 Other Subcommittees

The Medical Advisory Committee may establish such other subcommittees 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 this By-law.

15.07 Terms of Reference for Subcommittees

The terms of reference and composition for any subcommittees of the Medical Advisory Committee may be set out in the Rules or by the Medical Advisory Committee.

15.08 Meetings

The following provisions apply to any meeting of the Medical Advisory Committee or a subcommittee thereof:

- (a) The chair shall preside at all meetings.
- (b) A quorum for any meeting shall consist of a majority of the voting members.
- (c) If a Chief of Department or other voting member is unable to attend a meeting, he or she may designate a delegate who may attend, be included in quorum and be entitled to vote.
- (d) Every question at a meeting shall be decided by a majority of the voting members present.
- (e) With prior notice to the chair, a member may attend and vote by telephonic or electronic means.
- (f) A meeting may be held entirely by telephonic or electronic means. Where a meeting is held by telephonic or electronic means, a vote may be taken by show of hands, voice vote or other electronic means of voting.
- (g) There shall be at least two clear days' notice in writing of a meeting.
- (h) The chair may call a special meeting on 24 hours' notice by such means as the chair deems appropriate or, in the event of emergency, on such shorter notice as the chair deems appropriate.
- (i) A special meeting shall be called when requested by the committee or any three members of the committee.

ARTICLE 16. SITE-BASED MEDICAL STAFF ASSOCIATIONS

16.01 Site-Based Medical Staff Associations

- (a) The Medical Staff Association members with privileges at a Site shall be members of a Site-Based Medical Staff Association for their respective Site and shall hold at least four meetings in each year, one of which shall be an annual meeting.
- (b) All Credentialed Staff members of the Corporation may attend each Site-Based Medical Staff Association meeting; however, only Active Staff - Primary members of the Site shall be entitled to vote.
- (c) The president of the Site-Based Medical Staff Association may call an annual, regular or special meeting, and shall call a special meeting on the written request of any ten voting members.

- (d) The president of the Site-Based Medical Staff Association shall cause written notice of each annual, regular and special meeting of the Site-Based Medical Staff Association to be:
 - (i) posted visibly for the Credentialed Staff of the respective Site; or
 - (ii) conveyed electronically to each member of the respective Site-Based Medical Staff Association; and
 - (iii) posted visibly for the Credentialed Staff of the other two Sites; and
 - (iv) posted at such other place as the Site-Based Medical Staff Association by a resolution at a meeting may determine.
- (e) 10% of eligible voters, or 20 eligible voters, whichever is less, shall constitute a quorum at the respective Site-Based Medical Staff Association meeting.
- (f) The Site-Based Medical Staff Association shall formulate its own by-laws for the regulation of its affairs, subject to the Board's approval. If any provision of such by-laws conflict with any provision of this By-law, the provisions of this By-law shall prevail.

16.02 Site-Based Medical Staff Associations Officers

- (a) The Site-Based Medical Staff Association Officers for each Site shall include the president and vice president of the Site-Based Medical Staff Association and may include a secretary and such other officers as the Site-Based Medical Staff Association may determine. It is intended that the vice president will succeed to the office of president of the Site-Based Medical Staff Association.
- (b) Only voting members of the Site may be elected or appointed as a Site-Based Medical Staff Association Officer of that Site.

16.03 Site-Based Nominations and Election Process

- (a) Each Site-Based Medical Staff Association shall constitute a nominating committee through a process approved by the voting members of the Site-Based Medical Staff Association on the recommendation of the respective Site-Based Medical Staff Association Officers.
- (b) At least 21 days before the annual meeting of a Site-Based Medical Staff Association, the respective nominating committee shall circulate or post in a conspicuous place at each of the three Sites, a list of the names of those who are nominated to stand for the offices that are to be filled by election.
- (c) Any further nominations may be made only by the voting members of the respective Site, and shall be made in writing to the president of the respective Site-Based Medical Staff Association up to seven days before the annual meeting.

- (d) The election of the Site-Based Medical Staff Association Officers of a Site shall be held at the respective Site-Based Medical Staff Association's annual meeting.
- (e) Subject to annual confirmation, the president and vice president of the Site-Based Medical Staff Association shall be elected for a term of three years.
- (f) If any office becomes vacant during the term, such vacancy may be filled by the respective Site-Based Medical Staff Association at a regular or special meeting called for that purpose. The election of such Site-Based Medical Staff Association Officer shall follow the process in sections 16.03(a), (b) and (c). The Site-Based Medical Staff Association Officer so elected shall fill the office until the next annual meeting.
- (g) The Site-Based Medical Staff Association Officers may be removed from office before the expiry of their term by a majority vote of the voting members of the respective Site-Based Medical Staff Association at a meeting called for such purpose.

16.04 President of the Site-Based Medical Staff Association

The president of each Site-Based Medical Staff Association shall:

- (a) serve as President, Vice President or Secretary of the Medical Staff Association, as determined in accordance with section 18.01(b);
- (b) preside at all meetings of the respective Site-Based Medical Staff Association;
- (c) act as a liaison between the Site-Based Credentialed Staff, the Credentialed Staff, the Chief Executive Officer and the Board on matters concerning the Site-Based Credentialed Staff; and
- (d) support and promote the values and strategic plan of the Corporation.

16.05 Vice President of the Site-Based Medical Staff Association

The vice president of the Site-Based Medical Staff Association shall:

- (a) act in the place of the president of the Site-Based Medical Staff Association, perform his or her duties, and possess his or her powers, in the absence or disability of the president of the Site-Based Medical Staff Association (other than as set out in section 16.04(a));
- (b) perform the duties of the secretary of the Site-Based Medical Staff Association described in sections 16.06(a) and 16.06(b) if a secretary is not elected; and
- (c) perform such duties as the president of the Site-Based Medical Staff Association may delegate.

16.06 Secretary of the Site-Based Medical Staff Association

The secretary of the Site-Based Medical Staff Association, if any, shall:

- (a) attend to the correspondence of the Site-Based Medical Staff Association;
- (b) ensure notice is given, and minutes and a record of attendance are kept, of Site-Based Medical Staff Association meetings; and
- (c) act in place of the vice president of the Site-Based Medical Staff Association, perform his or her duties, and possess his or her powers, in the absence or disability of the vice president.

ARTICLE 17. MEDICAL STAFF ASSOCIATION MEETINGS AND OFFICERS

17.01 Meetings

- (a) Meetings of all members of the Medical Staff Association may be held at a time and place fixed by the Medical Staff Association Officers.
- (b) The Secretary of the Medical Staff Association shall cause written notice of each meeting of the Medical Staff Association to be:
 - (i) posted in the Medical Staff lounges of each Site or at such other place as the Medical Staff Association by a resolution at a meeting, shall determine; or
 - (ii) emailed or sent through an internal mail distribution system to each member of the Medical Staff Association;at least 10 days before an annual meeting, and at least five days before a regular meeting.

17.02 Quorum

Twenty Medical Staff Association voting members present in person, or 10% of such members, whichever is smaller, shall constitute a quorum at any Medical Staff Association meeting.

17.03 Order of Business

The Medical Staff Association shall formulate its own by-laws for the regulation of its affairs, subject to the Board's approval. If any provision of such by-laws conflict with any provision of this By-law, the provisions of this By-law shall prevail.

ARTICLE 18. MEDICAL STAFF ASSOCIATION OFFICERS

18.01 Officers

- (a) The Medical Staff Association Officers shall be:
 - (i) the President;
 - (ii) the Vice President; and
 - (iii) the Secretary.
- (b) Subject to annual confirmation by the Medical Staff Association, and in accordance with a Board-approved process, it is intended that:
 - (i) the Medical Staff Association Officers will serve a one-year term;
 - (ii) the Medical Staff Association offices will be held on a rotating basis; and
 - (iii) the Secretary will succeed to the office of Vice President, and the Vice President will succeed to the office of President, and the President will succeed to the office of the Secretary.

18.02 President of the Medical Staff Association

The President of the Medical Staff Association shall:

- (a) be an *ex officio* non-voting Director and, as a Director, fulfill fiduciary duties to the Corporation;
- (b) be an *ex officio* member of the Medical Advisory Committee;
- (c) preside at all meetings of the Medical Staff Association;
- (d) act as a liaison between the Credentialed Staff, the Chief Executive Officer and the Board on matters concerning the Credentialed Staff; and
- (e) support and promote the values and strategic plan of the Corporation.

18.03 Vice President of Medical Staff Association

The Vice President of the Medical Staff Association shall:

- (a) be an *ex officio* non-voting Director and, as a Director, fulfill fiduciary duties to the Corporation;
- (b) be an *ex officio* member of the Medical Advisory Committee;

- (c) act in the place of the President of the Medical Staff Association, perform his or her duties, and possess his or her powers, in the absence or disability of the President of the Medical Staff Association (other than as set out in section 18.02(a)); and
- (d) perform such duties as the President of the Medical Staff Association may delegate.

18.04 Secretary of the Medical Staff Association

The Secretary of the Medical Staff Association shall:

- (a) be an *ex officio* member of the Medical Advisory Committee;
- (b) attend to the correspondence of the Medical Staff Association;
- (c) ensure notice is given, and minutes and a record of attendance are kept of Medical Staff Association meetings; and
- (d) act in place of the Vice President of the Medical Staff Association, perform his or her duties, and possess his or her powers, in the absence or disability of the Vice President (other than as set out in section 18.03(a)).

18.05 Other Officers

The duties of any other Medical Staff Association Officers shall be determined by the voting members of the Medical Staff Association.

ARTICLE 19. AMENDMENTS AND ENACTMENT

19.01 Amendments to this By-Law

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

- (a) notice specifying the proposed amendment shall be made available for review by the Credentialed Staff;
- (b) the Credentialed Staff shall be afforded an opportunity to comment on the proposed amendment; and
- (c) the Medical Advisory Committee may make recommendations to the Board concerning the proposed amendment.

19.02 Effective Date

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