MICs Medical By-Laws

Revised June 24, 2026

Matheson

Iroquois Falls

Cochrane

Professional Staff By-Law of the MICs Group of Health Services

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

Article 1 – Definitions and Interpretation

1.1 Definitions

In this By-law:

(a) "**Board**" means the board of directors of the Corporation.

(b) "**By-law**" means this Professional Staff By-law.

(c) "**business day**" means a day other than a Saturday, Sunday, or a statutory holiday in Ontario.

(d) "**Chief Executive Officer**" means the chief executive officer of the Corporation, who is the 'administrator' for the purposes of the *Public Hospitals Act,* and the 'officer in charge' for the purposes of the *Mental Health Act.*

(e) "**Chief Nursing Officer**" 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.

(f) "**Chief of Staff**" means the Medical Staff member appointed by the Board to serve as such in accordance with the *Public Hospitals Act* and this By-law.

(f1) "**President of Medical Staff**" means being a member of the Board representing the interest of the Medical Staff but at the same time fulfilling his/her fiduciary duties to the Hospital by making decisions in the best interest of the Hospital.

(f2) "**Medical Director**" organizes and coordinates physician services and services provided by other professionals as they relate to patient care. The medical director participates in the process to ensure the appropriateness and quality of medical care and medically related care. Each corporation will have its own Medical Director.

(g) "**College**" means, as the case may be, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario, and/or the College of Nurses of Ontario.

(h) "**Corporation**" means **Anson General Hospital, Bingham Memorial Hospital and The Lady Minto Hospital.**

(i) "**Credentials Committee**" means a subcommittee of the Medical Advisory Committee established by the Medical Advisory Committee and tasked with reviewing applications for appointment and reappointment to the Professional Staff, and applications for a change in privileges, and making recommendations to the Medical Advisory Committee on these matters, and if no such subcommittee is established, it means the Medical Advisory Committee.

(j) "**day**", unless otherwise specified as a business day, means a calendar day.

(k) "**Dental Staff**" means:

(i) oral and maxillofacial surgeons to whom the Board has granted the privilege of diagnosing, prescribing for, or treating Patients in the Hospital, and

(ii) Dentists to whom the Board has granted the privilege of attending to Patients in the Hospital.

(l) "**Dentist**" means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario.

(m) "**Director**" means a member of the Board.

(n) "***Excellent Care for All Act***" means the *Excellent Care for All Act, 2010* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time.

(o) "***ex officio***" means membership "by virtue of the office" and includes all rights, responsibilities, unless otherwise specified.

(p) "**Extended Class Nursing Staff**" means those Registered Nurses in the Extended Class who are:

(i) employed by the Corporation and authorized to diagnose, prescribe for, or treat Patients in the Hospital, and

(ii) not employed by the Corporation and to whom the Board has granted privileges to diagnose, prescribe for, or treat Patients in the Hospital.

(q) "**Hospital**" means the public hospital operated by the Corporation.

(r) "**Impact Analysis**" means a study conducted by the Chief Executive Officer in consultation with the Chief of Staff and the affected Chief(s) of Department to determine the impact upon the resources of the Corporation, including the impact upon the resources of a Department, of a proposed appointment of an applicant to the Professional Staff or an application by a Professional Staff member for additional privileges or a change in membership category.

(s) "**Medical Advisory Committee**" means the committee established under Article 8.

(t) "**Medical Staff**" means those Physicians appointed by the Board and granted privileges to practice medicine in the Hospital.

(u) "**Midwife**" means a midwife in good standing with the College of Midwives of Ontario.

(v) "**Midwifery Staff**" means those Midwives appointed by the Board and granted privileges to practice midwifery in the Hospital.

(w) "**Patient**" means any in-patient or outpatient of the Corporation.

(x) "**Physician**" means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario.

(y) "**Policies**" means the administrative, human resources, clinical and professional policies adopted by the Board, the Medical Advisory Committee, or the Chief of Department under Article 2.

(z) "**Professional Staff**" means those Physicians, Dentists, Midwives, and Registered Nurses in the Extended Class, who are appointed by the Board and granted privileges to practice their profession in the Hospital.

(aa) "***Public Hospitals Act***" means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time.

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

(cc) "**Rules**" means the rules adopted by the Board under Article 2.

1.2 Interpretation

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

1.3 Delegation of Duties

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

1.4 Consultation with Professional Staff

Where the Board or Medical Advisory Committee is required to consult with the Professional Staff under this By-law, it shall be sufficient for the Board or Medical Advisory Committee to receive and consider the input of the Professional Staff officers named in section 12.1(2).

Article 2 – Rules and Policies

2.1 Rules and Policies

(1) The Board, after consulting with the Professional Staff and considering the recommendation of the Medical Advisory Committee, may make Rules as it deems necessary, including Rules 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 consulting with the Professional Staff and considering the recommendation of the Medical Advisory Committee, may adopt Policies applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff that are consistent with, and that support the implementation of, the Rules.

(3) The Medical Advisory Committee, after consulting with the Active Medical Staff, may make Policies applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff that are consistent with this By-law, the Rules, and the Credentialing Policy.

Article 3 – Appointment and Reappointment to Professional Staff

3.1 Appointment and Revocation

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

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

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

3.2 Term of Appointment

(1) Subject to section 3.2(2), each appointment to the Professional Staff shall be for a term of up to one year.

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

(a) unless section 3.2(2)(b) applies, until the Board grants or does not grant the reappointment; or

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

3.3 Qualifications and Criteria for Appointment

(1) Only an applicant who meets the qualifications and satisfies the criteria set out in this By-law and who is licensed pursuant to the laws of Ontario is eligible to be a member of and appointed to the Professional Staff.

(2) The applicant shall have:

(a) a certificate of registration, and a certificate of professional conduct or letter of good standing from the relevant College, or the equivalent certificate(s), from their most recent licensing body

(b) current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice

(c) adequate training and experience for the privileges requested

(d) maintained the level of continuing professional education required by the relevant College

(e) up-to-date inoculations, screenings, and tests as may be required by the occupational health and safety policies and practices of the Corporation, the *Public Hospitals Act*, or other legislation

(f) a demonstrated ability to:

(i) provide patient care at an appropriate level of quality and efficiency

(ii) meet an appropriate standard of ethical conduct and behaviour

(iii) work and communicate with, and relate to, others in a co-operative, collegial, and professional manner

(iv) communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers

(g) demonstrated adequate control of any significant physical or behavioural impairment affecting skill, attitude, or judgment that might impact negatively on patient care or the operations of the Corporation, and

(h) a willingness to participate in the discharge of staff, committee, and, if applicable, teaching responsibilities, and other duties appropriate to staff category.

(3) All applicants must agree to govern themselves in accordance with the requirements set out in this By-law, the Corporation's mission, vision, and values, Rules, and Policies.

(4) In addition to any other provisions of the By-law, including the qualifications set out in sections 3.3(2), 3.3(3), and 3.3(4), the Board may refuse to appoint any applicant to the Professional Staff on any of the following grounds:

(a) the appointment is not consistent with the need for service, as determined by the Board, or

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

3.4 Application for Appointment

(1) The Chief Executive Officer shall supply a copy of, or information on how to access, a form of the application, and the mission, vision, values, and strategic plan of the Corporation, the By-law and the

Rules 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 one original application in the prescribed form, together with signed consents, to enable the Corporation to make inquiries of the relevant College and other hospitals, institutions and facilities where the applicant has previously provided professional services or received professional training to allow the Corporation to fully investigate the qualifications and suitability of the applicant.

(3) An applicant who wishes to practice at any one of the MICs Group of Health Services Corporations will be required to apply for privileges at all three Corporations and, if eligible, shall be granted privileges at all three Corporations. In the event one of the three MICs Group of Health Services Corporations refuses to appoint an applicant, the applicant will be denied privileges at the other two Corporations.

(4) The Board shall approve the prescribed form of application for appointment, reappointment and change in privileges after receiving the recommendation of the Medical Advisory Committee.

3.5 Procedure for Processing Applications for Appointment

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

(2) The Credentials Committee shall:

(a) review all materials in the application and ensure all required information has been provided

(b) investigate the qualifications, experience, professional reputation and competence of the applicant, and consider if the criteria required by this By-law are met

(c) submit a report of its assessment and recommendations to the Medical Advisory Committee at its next regular meeting, together with a recommendation that the application is acceptable, not acceptable or is deferred for further investigation. In the case of a recommendation for acceptance, the Chief of Staff shall indicate the privileges recommended to be granted.

(3) The Medical Advisory Committee shall:

(a) receive and consider the report and recommendations of the Chief of Staff

(b) 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*.

(4) The Medical Advisory Committee may make its recommendation to the Board later than 60 days after receipt of a completed application, provided that, within the 60-day period, it advises the applicant in writing that a final recommendation cannot be made within the 60-day period and gives written reasons for it.

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

(6) Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that they are entitled to:

(a) written reasons for the recommendation, if the Medical Advisory Committee receives a written request for the reasons from the applicant within seven days of the applicant's receipt of notice of the recommendation, and

(b) a Board hearing, if the Board and the Medical Advisory Committee receive a written request for a Board hearing from the applicant within seven days of the applicant's receipt of the written reasons referred to in section 3.5(6)(a).

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

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

(9) The Board shall consider the Medical Advisory Committee recommendations within the timeframe specified by the *Public Hospitals Act*.

(10) The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges, shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant, including the Impact Analysis, strategic plan, and the Corporation's ability to operate within its resources.

3.6 Temporary Appointment

(1) Notwithstanding any other provision of this By-law, the Chief Executive Officer, after consulting with the Chief of Staff, may:

(a) grant a temporary appointment and temporary privileges to a Physician, Dentist, Midwife, or Registered Nurse in the Extended Class, provided that the appointment shall not extend beyond the date of the next Medical Advisory Committee meeting at which time the action taken shall be reported, and

(b) continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee until the next Board meeting.

(2) A temporary appointment may be made for any reason, including:

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

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

(3) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted under section 3.6(1) for such period of time and on such terms as the Board determines.

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

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

3.7 Reappointment

(1) Each year, each Professional Staff member desiring reappointment to the Professional Staff shall complete the application through Clinician Management and Reappointment System (CMaRS) through the Chief Executive Officer to the Board before the date specified by the Medical Advisory Committee.

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

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

(b) either:

(i) a declaration that all information on file at the Corporation 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 Corporation since the applicant's most recent application, including an updated curriculum vitae with any additional professional qualifications acquired by the applicant since the previous application and

information on any completed or pending disciplinary or malpractice proceedings, restriction in privileges, or suspensions during the past year

(c) the category of appointment requested and a request for either the continuation of, or any change in, existing privileges

(d) if requested, a current Certificate of Professional Conduct or equivalent from the relevant College

(e) confirmation that the member has complied with the disclosure duties set out in section 6.7(d), and

(f) such other information that the Board may require respecting competence, capacity, and conduct, after considering the recommendation of the Medical Advisory Committee.

(3) The Credentials Committee shall review and make recommendations concerning each application to the Chief of Staff for reappointment to the Medical Advisory Committee.

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

(5) Applications for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and section 3.5 of this By-law.

3.8 Qualifications and Criteria for Reappointment

(1) To be eligible for reappointment, the applicant shall:

(a) continue to meet the qualifications and criteria set out in section 3.3

(b) have conducted themselves in compliance with this By-law, and the Corporation's values, Rules, and Policies

3.9 Application for Change of Privileges

(1) Each Professional Staff member who wishes to change their privileges shall submit to the Chief Executive Officer a request through CMaRS listing the change of privileges requested, and provide evidence of appropriate training and competence, and such other matters as the Board may require.

(2) The Chief Executive Officer shall retain a copy of each application received and shall refer the application forthwith to the Medical Advisory Committee, through the Chief of Staff, who shall then refer the application forthwith to the Credentials Committee.

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

(4) The application shall be processed in accordance with the requirements of sections 3.8 and sections 3.5(3) to 3.5(10) of this By-law.

3.10 Leave of Absence

(1) Upon request of a Professional Staff member to the relevant Chief of Department, the Chief of Staff may grant a leave of absence of up to 12 months, after receiving the recommendation of the Medical Advisory Committee:

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

(b) in other circumstances acceptable to the Board, upon recommendation of the Chief of Staff.

(2) After returning from a leave of absence granted in accordance with section 3.10(1), the Professional Staff member may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff. The Chief of Staff may impose such conditions on the privileges granted to the member as appropriate.

(3) Following a leave of absence of longer than 12 months, a Professional Staff member 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.

3.11 Resignation

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

Article 4 – Monitoring, Suspension, and Revocation

4.1 Monitoring Practices and Transfer of Care

(1) The Chief of Staff may review any aspect of Patient care or Professional Staff conduct in the Corporation without the consent of the Professional Staff member responsible for the care or conduct. Where the care or conduct involves an Extended Class Nursing Staff member, the Chief Nursing Officer may also review the care or conduct.

(2) Where any Professional Staff member or Corporation staff reasonably believes that a Professional Staff member is incompetent, attempting to exceed their privileges, incapable of providing a service that they are about to undertake, or acting in a manner that exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation, to harm or injury, the individual shall immediately communicate that belief to the Chief of Staff, or Chief Executive Officer, so that appropriate action can be taken. Where the communication relates to an Extended Class Nursing Staff member, it may also be communicated to the Chief Nursing Officer.

(3) Any physician, on notice to the Chief of Staff, where they believe it to be in the Patient's best interests, shall have the authority to examine the condition and scrutinize the treatment of any Patient in their Department and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the Patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff, notice shall be given as soon as possible.

(4) If the Chief of Staff becomes aware that, in their 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 Professional Staff member. If changes in the diagnosis, care, or treatment satisfactory to the Chief of Staff are not made, they shall immediately assume the duty of investigating, diagnosing, prescribing for, and treating the Patient.

(5) Where the Chief of Staff has cause to take over the care of a Patient, the Chief Executive Officer, Chief of Staff, and one other Medical Advisory Committee member, the attending Professional Staff member, and the Patient or the Patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chief of Staff shall file a written report with the Medical Advisory Committee within 48 hours of their action.

(6) Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff who has taken action under section 4.1(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.

4.2 Revocation of Appointment or Restriction or Suspension of Privileges

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

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

(3) The Chief Executive Officer shall prepare and forward a detailed written report to the relevant College as soon as possible and no later than 30 days after the event, where:

(a) by reason of incompetence, negligence, or misconduct, a Professional Staff member's:

(i) application for appointment or reappointment is denied

(ii) appointment is revoked, or

(iii) privileges are restricted or suspended, or

(iv) a Professional Staff member resigns from the Professional Staff during the course of an investigation into their competence, negligence, or misconduct.

4.3 Immediate Action

(1) The Chief Executive Officer, Chief of Staff may temporarily restrict or suspend the privileges of any Professional Staff member, in circumstances where in their opinion the member's conduct, performance, or competence:

(a) exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation 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 Corporation

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

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

4.4 Non-Immediate Action

(1) The Chief Executive Officer, Chief of Staff may recommend to the Medical Advisory Committee that the appointment of any Professional Staff member be revoked or that their privileges be restricted or suspended in any circumstances where in their opinion the Professional Staff member's conduct, performance, or competence:

(a) fails to meet or comply with the criteria for annual reappointment

(b) exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury

(c) is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Corporation or impact negatively on the operations of the Corporation, or

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

(2) Before making a recommendation under section 4.4(1), an investigation may be conducted. Where an investigation is conducted, it may be assigned to an individual or committee within the Corporation other than the Medical Advisory Committee or an external consultant.

4.5 Referral to Medical Advisory Committee for Recommendations

(1) Following the temporary restriction or suspension of privileges under section 4.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the

revocation of an appointment of a Professional Staff member under section 4.4, the following process shall be followed:

(a) the Chief of Staff or Chief Executive Officer shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation made, as the case may be, with all relevant materials and information

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

(c) as soon as possible and in any event at least three business days before the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:

(i) the time, date, and place of the meeting

(ii) the purpose of the meeting, and

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

(2) The date for the Medical Advisory Committee to consider the matter under section 4.5(1)(b) may be extended by:

(a) an additional five business days in the case of a referral under section 4.3, or

(b) any number of days in the case of a referral under section 4.4

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

(3) The Medical Advisory Committee may:

(a) set aside the restriction or suspension of privileges, or

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

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

(5) The written notice shall inform the member that they are entitled to:

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

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

(6) If the member requests written reasons for the recommendation under section 4.5(5), the Medical Advisory Committee shall provide the written reasons to the member as soon as practicable but in any event within seven days of receipt of the request.

Article 5 – Board Hearing

5.1 Board Hearing

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

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

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

(2) The Board shall name a time, date, and place for the hearing.

(3) The Board hearing shall be held:

(a) in the case of immediate restriction or suspension of privileges, within seven days of the date the member requests the hearing under section 5.1(1)

(b) in the case of non-immediate restriction or suspension of privileges, subject to section 5.1(4), as soon as practicable but not later than 28 days after the Board receives the written notice from the member requesting the hearing.

(4) The Board may extend the time for the hearing date if it considers an extension appropriate.

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

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

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

(b) the purpose of the hearing

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

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

(e) a statement that the Board may extend the time for the hearing on the application of any party, and

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

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

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

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

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

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

(12) The Board shall make a decision to follow, amend, or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant, including the considerations set out in sections 3.3, 3.8, and 3.9 respectively.

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

(14) Service of a notice to the parties may be made personally 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.

Article 6 – Professional Staff Categories and Duties

6.1 Professional Staff Categories

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

(a) Active

(b) Consulting

(c) Courtesy

(d) Locum Tenens, and

(e) such other categories as the Board may determine after considering the recommendation of the Medical Advisory Committee.

(2) The Extended Class Nursing Staff may be divided into such categories as the Board may determine after considering the recommendation of the Medical Advisory Committee.

6.2 Active Staff

(1) The Active Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Active Staff and who have completed satisfactory service as Consulting Staff for at least one year, or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.

(2) Each Active Staff member shall:

(a) have admitting privileges unless otherwise specified in their appointment

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

(c) be responsible to the Chief of Staff to which they have been assigned for all aspects of Patient care

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

(e) fulfil such on-call requirements as may be established in accordance with the Professional Staff Human Resource Plan and the Rules and Policies, and

(f) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff.

6.3 Consulting Staff

(1) Physicians, Dentists, or Midwives who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Consulting Staff.

(2) Each Consulting Staff member shall:

(a) have admitting privileges unless otherwise specified in their appointment

(b) work under the supervision of an Active Staff member named by the Chief of Staff to which they have been assigned

(c) undertake such duties in respect of Patients as may be specified by the Chief of Staff

(d) fulfil such on call requirements as may be established for each Department in accordance with the Professional Staff Human Resources Plan and the Rules and Policies, and

(e) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff.

(3) (a) At six-month intervals following the appointment of a Consulting Staff member to the Professional Staff, the Active Staff member by whom the Consulting Staff member has been supervised shall complete a performance evaluation and shall make a written report to the Chief of Staff on:

(i) the knowledge and skill that has been shown by the Consulting Staff member

(ii) the nature and quality of their work in the Corporation, and

(iii) their performance and compliance with the criteria set out in section 3.3(2).

(b) The Chief of Staff shall forward such report to the Credentials Committee.

(c) Upon receipt of the report, the Credentials Committee shall review the appointment of the Consulting Staff member and make a recommendation to the Medical Advisory Committee.

(d) If any report is not favourable to the Consulting Staff member, the Medical Advisory Committee may recommend that their appointment be terminated.

(e) No Consulting Staff member shall be recommended for appointment to the Active Staff unless they have been a Consulting Staff member for at least one year.

(f) In no event shall an appointment to the Consulting Staff be continued for more than one year.

6.4 Courtesy Staff

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

(a) the applicant meets a specific service need of the Corporation, or

(b) where the Board deems it advisable and in the best interests of the Corporation.

(2) Courtesy Staff members shall:

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

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

(c) be responsible to the Chief of Staff for all aspects of Patient care.

6.5 Locum Tenens Staff

(1) The Locum Tenens Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Locum Tenens Staff in order to meet specific clinical needs for a defined period of time in one or more of the following circumstances:

(a) to be a planned replacement for a Physician, Dentist, or Midwife for a specified period of time, or

(b) to provide episodic or limited surgical or consulting services.

(2) The period of appointment shall be for a term of up to 12 months and may be subject to renewal.

(3) A Locum Tenens Staff member shall:

(a) have admitting privileges unless otherwise specified in their appointment

(b) work under the supervision of an Active Staff member assigned by the Chief of Staff, and

(c) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board.

6.6 Extended Class Nursing Staff

(1) The Board, after considering the advice of the Medical Advisory Committee, will delineate the privileges for each Extended Cass Nursing member who is not an employee of the Corporation.

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

(3) Before completion of the one-year probationary period, the Chief of Staff, in consultation with the Chief Nursing Officer, shall complete a performance evaluation for an Extended Class Nursing Staff member on the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of their work, their performance and compliance with the criterial set out in section 3.3(2), and such report shall be forwarded to the Credentials Committee.

(4) The Credentials Committee shall review the report and shall make a recommendation to the Medical Advisory Committee, which shall, in turn, make a recommendation to the Board.

6.7 Duties of Professional Staff

(1) Each Professional Staff member:

(a) is accountable to and shall recognize the authority of the Board through and with the Chief of Staff and Chief Executive Officer

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

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

(ii) the Chief Executive Officer

(c) shall perform the duties, undertake the responsibilities, and comply with the provisions set out in this By-law and the Rules and Policies

(d) shall immediately advise the Chief of Staff and Chief Executive Officer of:

(i) the commencement of any investigation or proceeding that would be required to be disclosed by this by-law, the credentialing policy and/or reapplication process

(ii) any change in the member's licence to practise made by the relevant College or any change in professional practice liability coverage, and

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

(2) If the Chief of Staff requests a meeting with a Professional Staff member for the purpose of interviewing that Professional Staff member about any matter, the Professional Staff member shall attend the interview at a mutually agreeable time but within 14 days of the request. If the Professional Staff member so requests, they may bring a representative with them to the meeting. The Chief of Staff may extend the date for attendance at the interview at their discretion. If requested by the Chief of Staff, the Professional Staff member attending the meeting shall produce any documents requested by the Chief of Staff for discussion at the meeting. If a criminal record check and/or vulnerable sector check is requested, the request shall be made at a meeting with the Professional Staff member where the Chief of Staff and Chief Executive Officer are both present.

Article 7 – Leadership Positions

7.1 General

(1) The Board may appoint an individual on an acting or interim basis where there is a vacancy in any office referred to in this Article or while the individual holding any such office is absent or unable to act.

(2) If the term of office of any medical leader expires before a successor is appointed, the Board may extend the appointment of the incumbent.

(3) Subject to annual confirmation by the Board, the appointment of a medical leader shall be for a term of up to five years.

(4) The maximum number of consecutive years of service of a medical leader shall be ten years provided, however, that following a break in the continuous service of at least one year, the same person may be reappointed.

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

(6) The Board may revoke any appointment to any position referred to in this Article at any time.

7.2 Chief of Staff

(1) The Board shall appoint a Chief of Staff after considering the recommendation of the Medical Advisory Committee.

(2) The Chief of Staff shall:

(a) be an *ex officio* Director and as a Director, fulfill fiduciary duties to the Corporation

(b) be the *ex officio* Chair of the Medical Advisory Committee

(c) be an *ex-officio* member of all Medical Advisory Committee subcommittees

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

(e) perform such additional duties as may be outlined in the Board-approved Chief of Staff position description, or as set out in the Rules, or as assigned by the Board.

(3) The Chief of Staff shall, in consultation with the Chief Executive Officer, designate an alternate to act during their absence.

Article 8 – Medical Advisory Committee

8.1 Composition

(1) The Medical Advisory Committee shall consist of the following members, each of whom shall have one vote:

(a) the Chief of Staff, who shall be the Chair

(b) the Medical Directors of each corporation

(c) the President of Medical Staff

(d) such other Medical Staff members as the Board may appoint on the recommendation of the Chief of Staff and/or Chief Executive Officer.

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

(a) the Chief Executive Officer

(b) the Chief Nursing Officer

8.2 Recommendations

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

8.3 Duties and Responsibilities

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

(a) Each member of the Active Medical Staff shall attend at least fifty percent (50%) of the regular Medical Staff meetings.

(b) make recommendations to the Board on the following matters:

(i) every application for appointment or reappointment to the Professional Staff, and any request for a change in privileges

(ii) the privileges to be granted to each Professional Staff member

(iii) this By-law and the Rules and Policies

(iv) the revocation of appointment or the suspension or restriction of privileges of any Professional Staff member, and

(v) the quality of care provided in the Hospital by the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff

(b) supervise the practice and behaviours of the Professional Staff in the Hospital

(c) appoint the Medical Staff members of all Medical Advisory Committee subcommittees

(d) receive reports of the Medical Advisory Committee subcommittees

(e) advise the Board on any matters that it refers to the Medical Advisory Committee, and

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

8.4 Subcommittees

(1) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special subcommittees of the Medical Advisory Committee as may be necessary or advisable for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or this By-law.

(2) The terms of reference and composition for any standing or special subcommittees of the Medical Advisory Committee may be set out in the Rules or in a Board resolution, on the recommendation of the Medical Advisory Committee. The Medical Advisory Committee shall appoint the Medical Staff members of any Medical Advisory Committee subcommittee and the Board may appoint other subcommittee members.

8.5 Quorum

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

8.6 Meetings

(1) The Medical Advisory Committee shall hold at least nine meetings each fiscal year.

(2) Unless otherwise required by applicable law, motions arising at any Medical Advisory Committee meeting or subcommittee meeting shall be decided by consensus of the voting members present. Consensus will be considered to have been reached when no voting member objects to the subject matter of the motion before the meeting. If the chair of the meeting determines that the sense of the meeting is that consensus will not be reached, then the motion shall be decided by a majority of the votes cast. In such cases, the chair of the meeting shall be entitled to cast a second, or tie-breaking, vote in the event of a tie. A member may attend and vote by electronic means.

(3) A Medical Advisory Committee or subcommittee meeting may be held 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.

Article 9 – Amendments

9.1 Amendments to this By-law

Prior to submitting any amendment(s) to this By-law to the Corporation's by-law approval processes:

(a) the Corporation shall provide notice specifying the proposed amendment(s) to the Professional Staff

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

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

9.2 Repeal and Restatement

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