
PROFESSIONAL STAFF BY-LAW

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PROFESSIONAL STAFF BY-LAW

ARTICLE 1– DEFINITIONS AND INTERPRETATION

Section 1.1 Definitions

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

- (1) “**Board**” means the board of directors of the Corporation;
- (2) “**Chief Executive Officer**” means, in addition to ‘administrator’ as defined in the *Public Hospitals Act*, the President and Chief Executive Officer of the Corporation;
- (3) “**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;
- (4) “**Program Chief**” means a Professional Staff member appointed by the Board to be responsible for the professional standards and quality of care rendered by the members of that Program at the Hospital;
- (5) “**Chief of Staff**” means the Medical Staff member appointed by the Board to serve as Chief of Staff in accordance with the regulations under the *Public Hospitals Act*;
- (6) “**Corporation**” means The Credit Valley Hospital and Trillium Health Centre;
- (7) “**Credentials Committee**” means the committee established under Section 10.5 of this By-law to review applications for appointment and reappointment to the Professional Staff and to make recommendations to the Medical Advisory Committee;
- (8) “**Dental Staff**” means those Dentists and Oral and Maxillofacial Surgeons appointed by the Board to attend or perform dental services or oral and maxillofacial surgery, as applicable, for patients in the Hospital;
- (9) “**Dentist**” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (10) “**Deputy Chief of Staff**” means the Medical Staff member appointed by the Board to serve as Deputy Chief of Staff in accordance with Section 9.4;
- (11) “**Deputy Program Chief**” means a Professional Staff member appointed by the Board to serve as a Deputy Chief of a Program in accordance with Section 9.7;
- (12) “**Division**” means an organizational unit of a Program;

(13) “**Extended Class Nursing Staff**” means those Registered Nurses in the Extended Class who are:

- (a) employed by the Corporation and who are authorized to diagnose, prescribe for or treat patients in the Hospital; and
- (b) not employed by the Corporation and to whom the Board has granted privileges to diagnose, prescribe for or treat patients in the Hospital;

(14) “**Head of a Division**” means the Professional Staff member appointed to be in charge of one of the organized Divisions of a Program;

(15) “**Hospital**” means the public hospital or hospitals operated by the Corporation;

(16) “**Medical Advisory Committee**” means the committee established pursuant to Article 10;

(17) “**Medical Staff**” means those Physicians who are appointed by the Board and who are granted privileges to practice medicine in the Hospital;

(18) “**Midwife**” means a midwife in good standing with the College of Midwives of Ontario;

(19) “**Midwifery Staff**” means those Midwives who are appointed by the Board and granted privileges to practice midwifery in the Hospital;

(20) “**Oral and Maxillofacial Surgeons**” means those dentists in good standing who hold a specialty certificate from the Royal College of Dental Surgeons of Ontario authorizing practice in oral and maxillofacial surgery;

(21) “**Physician**” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;

(22) “**Policies**” means the Hospital’s administrative, human resources, clinical and professional policies and includes policies and procedures adopted by the Board pursuant to Article 2;

(23) “**Primary Professional Staff**” means a member of the Professional Staff who holds an appointment at, and is primarily affiliated with, the Hospital;

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

(25) “**Professional Staff Credentialing Policy**” means the policy that outlines the system for processing an application for appointment to the Professional Staff, the re-appointment to the Professional Staff or the alternation of privileges granted to a Professional Staff member, which

is established by the Board from time to time after considering the recommendations of the Medical Advisory Committee and in consultation with Halton Healthcare Services Corporation;

(26) “**Professional Staff Credentialing Procedure**” means the procedure for processing an application to the Professional Staff, the re-appointment to the Professional Staff or the alteration of privileges granted to a Professional Staff member, which is established by the Board from time to time after considering the recommendations of the Medical Advisory Committee and in consultation with Halton Healthcare Services Corporation;

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

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

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

(30) “**Rules and Regulations**” means the rules and regulations governing the practice of the Professional Staff in the Hospital, both generally and within a particular Program, that have been established as described in Section 2.1; and

(31) “**Secondary Professional Staff**” means a member of the Professional Staff who holds an appointment at, and is primarily affiliated with, Halton Healthcare Services Corporation.

Section 1.2 Interpretation

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

Section 1.3 Delegation of Duties

Where any of the Chief Executive Officer, Chief of Staff, Program Chief or Head of the Division shall be responsible for the duties assigned to them under this By-law, he or she may delegate to others the performance of any such duties.

Section 1.4 Consultation with Professional Staff

For the purposes of this By-law, where the Board or the Medical Advisory Committee are required to consult with the Professional Staff, it shall be sufficient for the Board or the Medical Advisory Committee, as applicable, to receive and consider the input of the officers of the Professional Staff named in Section 12.1(2).

ARTICLE 2– RULES, REGULATIONS, POLICIES AND PROCEDURES

Section 2.1 Rules, Regulations, Policies and Procedures

- (1) The Board, after consulting with the Professional Staff and considering the recommendations of the Medical Advisory Committee, may make Rules and Regulations as it deems necessary, including rules and regulations for patient care and safety and the conduct of Professional Staff members.
- (2) The Board, after consulting with the Professional Staff and considering the recommendations of the Medical Advisory Committee, may adopt policies and procedures applicable to the Professional Staff, including policies and procedures that are consistent with the Rules and Regulations and that support the implementation of the Rules and Regulations.
- (3) The Medical Advisory Committee, after consulting with the Professional Staff, may make administrative, human resources, clinical and professional policies applicable to the Professional Staff that are consistent with this By-law, the Rules and Regulations and the Board-approved Policies.

ARTICLE 3– HONOURARY STAFF DESIGNATION

Section 3.1 Honourary Staff

- (1) An individual may be honoured by the Board, after considering the recommendations of the Medical Advisory Committee, by being designated as an Honourary Staff member of the Hospital, for such term as the Board deems appropriate, because he or she:
 - (a) is a former Professional Staff member of the Hospital or of one of its predecessor corporations, who has retired after many years of active practice; and/or
 - (b) has an outstanding reputation of extraordinary accomplishment or has made an extraordinary contribution to the Hospital or to the community.
- (2) Honourary Staff members:
 - (a) shall not have privileges or provide patient care;
 - (b) shall not have regularly assigned clinical, academic or administrative duties or responsibilities;
 - (c) may attend, but shall not be eligible to vote at Professional Staff meetings, and shall not be eligible to hold elected or appointed offices in the Professional Staff; and
 - (d) shall not be bound by the attendance requirements of the Professional Staff.

ARTICLE 4– APPOINTMENT AND REAPPOINTMENT TO PROFESSIONAL STAFF

Section 4.1 Appointment

- (1) The Board, after considering the recommendations of the Medical Advisory Committee, shall annually appoint a Medical 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) In making an appointment or reappointment to the Professional Staff in accordance with Section 4.4(1), the Board may appoint an applicant as a member of the Primary Professional Staff or where the applicant holds a Primary Professional Staff appointment at Halton Healthcare Services Corporation and makes application to the Hospital, appoint the applicant to the Secondary Professional Staff of the Hospital.
- (3) Where the Board approves an appointment solely to the Secondary Professional Staff of the Hospital, such member must be granted and maintain a Primary Staff appointment to the Professional Staff of Halton Healthcare Services Corporation.
- (4) The Board may, at any time, make, revoke or suspend any appointment to the Professional Staff or restrict the privileges of any Professional Staff member in accordance with the provisions of this By-law and the *Public Hospitals Act*.

Section 4.2 Term of Appointment

Each appointment and re-appointment to the Professional Staff shall be for a term as provided in the Hospital's Professional Staff Credentialing Policy, unless otherwise suspended, restricted or revoked under this By-law.

Section 4.3 Qualifications/Criteria for Appointment/Reappointment to the Professional Staff

- (1) The Board shall, from time to time, establish qualifications and criteria for appointment and reappointment to the Professional Staff, as set out in the Professional Staff Credentialing Policy and the Professional Staff Credentialing Procedure, in consultation with Halton Healthcare Services Corporation, along with the form of application and reapplication, after considering the recommendations of the Medical Advisory Committee.
- (2) Only applicants who meet the qualifications and satisfy the criteria set out in this By-law and the Hospital's Professional Staff Credentialing Policy are eligible to be a member of, and appointed to, or re-appointed to, the Professional Staff.

Section 4.4 Procedure for Appointment/Reappointment to the Professional Staff

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

Hospital's Professional Staff Credentialing Policy and the Hospital's Professional Staff Credentialing Procedure.

(2) 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.

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

- (a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven days of the receipt by the applicant of notice of the recommendation; and
- (b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven days of the receipt by the applicant of the written reasons referred to in Section 4.4(3)(a).

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

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

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

(7) The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, those considerations described in the Professional Staff Credentialing Policy and the Professional Staff Credentialing Procedure.

Section 4.5 Temporary Staff

(1) The Chief Executive Officer, after consulting with the Chief of Staff, may grant temporary privileges in accordance with this By-law and the Professional Staff Credentialing Policy and Professional Staff Credentialing Procedure.

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

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

- (b) to meet an urgent unexpected need for a medical, dental, midwifery or extended class nursing service.
- (3) In the case of (a) or (b) above, a formal application in accordance with the Professional Staff Credentialing Policy and Professional Staff Credentialing Procedure is not required and the temporary granting of privileges may not extend beyond the date of the next scheduled Medical Advisory Committee meeting at which time the granting of temporary privileges shall be reported. If approved by the Medical Advisory Committee, the granting of temporary privileges may be extended until the next scheduled Board meeting and subsequently for such additional defined periods of time as approved by the Board. If the term of the temporary granting of privileges has been completed before the next Board meeting, the granting of temporary privileges shall be reported to the Board.
- (4) Before temporary privileges may be granted, the Hospital must be in receipt of:
- (a) confirmation of registration with the College of Physicians and Surgeons of Ontario (Physicians), the Royal College of Dental Surgeons of Ontario (Dentists and Oral and Maxillofacial Surgeons), the College of Midwives of Ontario (Midwives) or the College of Nurses of Ontario (Registered Nurses in the Extended Class), as applicable; and
 - (b) confirmation of professional liability insurance or membership in the Canadian Medical Protective Association or other relevant professional practice insurance coverage appropriate for the scope of patient services to be provided.
- (5) Temporary staff shall:
- (a) have privileges to attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted;
 - (b) be subject to the Rules and Regulations and Policies of the Program to which they are assigned;
 - (c) be under the supervision of the Program Chief or delegate to which they are assigned, who will submit a performance review of the temporary staff member at the end of the appointment;
 - (d) not vote at Program or Professional Staff meetings, and may not replace a Professional Staff member on a subcommittee of the Medical Advisory Committee.

Section 4.6 Application for Change of Privileges

If a Professional Staff member wishes to change his or her privileges, the request shall be processed in accordance with the provisions of the *Public Hospitals Act*, this By-law, the

Hospital's Professional Staff Credentialing Policy and the Hospital's Professional Staff Credentialing Procedure.

Section 4.7 Leave of Absence

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

- (a) in the event of extended illness or disability of the member, or
- (b) in other circumstances acceptable to the Chief of Staff, upon the recommendations of the Medical Advisory Committee.

(2) After returning from a leave of absence granted in accordance with Section 4.7(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 such 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.

ARTICLE 5– MONITORING, SUSPENSION, RESTRICTION AND REVOCATION

Section 5.1 Monitoring Practices and Transfer of Care

(1) Any aspect of patient care or Professional Staff conduct being carried out in the Hospital may be reviewed without the approval of the Professional Staff member responsible for such care by the Chief of Staff or Program Chief.

(2) Where any Professional Staff member or Corporation staff reasonably believes that a Professional 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 forthwith to one of the Chief of Staff, the Chief of the relevant Program and the Chief Executive Officer, so that appropriate action can be taken.

(3) The Program Chief, on notice to the Chief of Staff 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 Program and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff, notice shall be given as soon as possible.

(4) If the Chief of Staff or Program Chief becomes aware that, in his or her opinion, a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment of the patient with the attending Professional Staff member. If changes in the diagnosis, care or treatment satisfactory to the Chief of Staff or the Program Chief, as the case may be, are not made, he or she shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the patient.

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

(6) Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff or Program Chief who has taken action under Section 5.1(4) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

Section 5.2 Suspension, Restriction or Revocation of Privileges

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

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

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

Section 5.3 Immediate Action

(1) The Chief Executive Officer or the Chief of Staff may temporarily suspend or restrict 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, health care provider, employee or any other person at the Hospital to harm or injury; or

- (b) is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Hospital,

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

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

Section 5.4 Non-Immediate Action

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

- (a) fails to meet or comply with the criteria for annual reappointment; or
- (b) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
- (c) is or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital or impact negatively on the operations of the Hospital; or
- (d) fails to comply with the Hospital's by-laws, Rules and Regulations, or Policies, the *Public Hospitals Act* or any other relevant law.

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

Section 5.5 Referral to Medical Advisory Committee for Recommendations

Following the temporary suspension or restriction of privileges under Section 5.3, or the recommendation to the Medical Advisory Committee for the suspension or restriction of privileges or the revocation of an appointment of a Professional Staff member under Section 5.4, the process concerning the referral of the matter to the Medical Advisory Committee for recommendations set out in the Rules and Regulations and Policies shall be followed.

ARTICLE 6– BOARD HEARING

Section 6.1 Board Hearing

- (1) A hearing by the Board shall be held when one of the following occurs:
 - (a) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act* within seven days of the date the applicant learns of the recommendation; or
 - (b) the Medical Advisory Committee recommends to the Board that the privileges of a Professional Staff member be suspended, restricted or revoked or an appointment be revoked and the member requests a hearing within seven days of the date the Professional Staff member learns of the recommendation.
- (2) The Board may extend the time for the applicant or Professional Staff member to make the request for a hearing if it is considered appropriate.
- (3) The Board shall name a place and time for the hearing.
- (4) In the case of immediate suspension or revocation of privileges, the Board hearing shall be held within seven days of the date the applicant or member requests the hearing under Section 6.1(1). In the case of non-immediate suspension or revocation of privileges, subject to Section 6.1(5), 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 or applicant requesting the hearing.
- (5) The Board may extend the time for the hearing date if it is considered appropriate.
- (6) The Board shall give written notice of the hearing to the applicant or Professional Staff member and to the Medical Advisory Committee at least five days before the hearing date.
- (7) The notice of the Board hearing shall include:
 - (a) the place and time of the hearing;
 - (b) the purpose of the hearing;
 - (c) a statement that the applicant or Professional Staff member and Medical Advisory Committee shall be afforded an opportunity to examine before the hearing, any written or documentary evidence that shall be produced, or any reports the contents of which shall be given in evidence at the hearing;
 - (d) a statement that the applicant or Professional Staff member may proceed in person or be represented by counsel, call witnesses and tender documents in evidence in support of his or her case;

- (e) a statement that the time for the hearing may be extended by the Board on the application of any party; and
- (f) a statement that if the applicant or Professional Staff member does not attend the meeting, the Board may proceed in the absence of the applicant or Professional Staff member, and the applicant or Professional Staff member shall not be entitled to any further notice in the hearing.

(8) The parties to the Board hearing are the applicant or Professional Staff member, the Medical Advisory Committee and such other persons as the Board may specify in compliance with the *Public Hospitals Act*, this By-law and any applicable Rules and Regulations and Policies.

(9) The applicant or Professional Staff 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 shall be produced, or any reports the contents of which shall be used in evidence.

(10) 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.

(11) 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*.

(12) No member of the Board shall 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 shall be given unless all members so present participate in the decision.

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

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

(15) 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 shall be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.

ARTICLE 7– PROFESSIONAL STAFF CATEGORIES AND DUTIES

Section 7.1 Professional Staff Categories

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

- (a) Active;
- (b) Associate;
- (c) Courtesy;
- (d) Locum Tenens; and
- (e) such categories as may be determined by the Board from time to time having given consideration to the recommendations of the Medical Advisory Committee.

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

Section 7.2 Active Staff

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

(2) Each Active Staff member shall:

- (a) have admitting privileges unless otherwise specified in his or her 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 Program Chief to which they have been assigned for all aspects of patient care;
- (d) act as a supervisor of other Professional Staff members when requested by the Chief of Staff or the Program Chief to which they have been assigned;

- (e) fulfil such on-call requirements as may be established by each Program or Division in accordance with the Rules and Regulations and Policies;
- (f) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Program from time to time;
- (g) if a Physician, be entitled to attend and vote at Professional Staff meetings and be eligible to be an elected or appointed officer of the Professional Staff; and
- (h) if a Dentist or Midwife, be entitled to attend and vote at Professional Staff meetings, other than on the election or removal of the officers of the Professional Staff, but shall not be eligible to hold an elected or appointed office of the Professional Staff.

Section 7.3 Associate Staff

- (1) Physicians, Dentists or Midwives who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, shall be appointed to the Associate Staff. In no event shall an appointment to the Associate Staff extend beyond two years.
- (2) Each Associate 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 or delegate to whom he or she has been assigned;
 - (c) undertake such duties in respect of patients as may be specified by the Chief of Staff or delegate, and, if appropriate, by the Program Chief to which he or she has been assigned;
 - (d) fulfil such on call requirements as may be established by each Program or Division and in accordance with the Rules and Regulations and Policies;
 - (e) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Chief of the relevant Program from time to time;
 - (f) be entitled to attend Professional Staff meetings but shall not be eligible to vote at Professional Staff meetings or be an elected or appointed an officer of the Professional Staff.
- (3)
 - (a) At twelve month intervals following the appointment of an Associate Staff member to the Professional Staff and whenever requested by the Chief of Staff, the Active Staff member by whom the Associate Staff member has been

supervised shall complete a performance evaluation and shall make a written report to the Chief of Staff or delegate, concerning:

- (i) the knowledge and skill that has been shown by the Associate Staff member;
- (ii) the nature and quality of his or her work in the Hospital; and
- (iii) his or her performance and compliance with the criteria set out in the Professional Staff Credentialing Policy and the Professional Staff Credentialing Procedure.

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

- (b) Upon receipt of the report referred to in Section 7.3(3)(a), the appointment of the Associate Staff member shall be reviewed by the Credentials Committee, which shall make a recommendation to the Medical Advisory Committee.
- (c) If any report made under Sections 7.3(3)(a) or 7.3(3)(b) is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend the appointment of the Associate Staff member be terminated.
- (d) No Associate Staff member shall be recommended for appointment to the Active Staff unless they have been an Associate Staff member for at least one year. In no event shall an appointment to the Associate Staff be continued for more than two years.

Section 7.4 Courtesy Staff

- (1) The Courtesy Staff shall consist of those Physicians, Dentists and Midwives appointed by the Board to the Courtesy Staff in one or more of the following circumstances:
 - (a) the applicant meets a specific service need of the Hospital; or
 - (b) where the Board deems it otherwise 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;

- (c) be responsible to the Program Chief to which they have been assigned for all aspects of patient care; and
- (d) be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff.

Section 7.5 Locum Tenens Staff

(1) Locum Tenens Staff consist of Physicians, Dentists, Midwives or Extended Class Nursing Staff who have been appointed to the Locum Tenens Staff by the Board 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, Midwife or Extended Class Nursing Staff for specified period of time; or
- (b) to provide episodic or limited surgical or consulting services.

(2) The appointment of a Physician, Dentist, Midwife or Extended Class Nursing Staff as a Locum Tenens Staff member may be for up to one year subject to renewal for a further period of up to one additional year. The Board, having considered the recommendation of the Medical Advisory Committee may permit renewal beyond two years in exceptional circumstances.

(3) A Locum Tenens Staff 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.

(4) Locum Tenens Staff shall not, subject to determination by the Board in each individual case attend or vote at Professional Staff meetings or be elected or appointed to any office of the Professional Staff.

Section 7.6 Extended Class Nursing Staff

(1) The Board, having given consideration to the advice of the Medical Advisory Committee, shall delineate the privileges for each member of the Extended Class Nursing Staff 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.

- (a) Before completion of the one-year probationary period, the Program Chief shall complete a performance evaluation and shall make a written report to the Chief of Staff or delegate concerning:
 - (i) the knowledge and skill that has been shown by the Extended Class Nursing Staff member;
 - (ii) the nature and quality of his or her work in the Hospital; and
 - (iii) his or her performance and compliance with the criteria set out in the Professional Staff Credentialing Policy and the Professional Staff Credentialing Procedure.
- (b) The Chief of Staff shall forward such report to the Credentials Committee.
- (c) Upon receipt of the report referred to in Section 7.6(2)(a), the appointment of the Extended Class Nursing Staff member shall be reviewed by the Credentials Committee, which shall make a recommendation to the Medical Advisory Committee.
- (d) If any report made under Sections 7.6(2)(a) or 7.62(2)(c) is not favourable to the Extended Class Nursing Staff member, the Medical Advisory Committee may recommend the appointment of the Extended Class Nursing Staff member be terminated.

(3) An Extended Class Nursing Staff member assigned to the active or associate staff category shall be entitled to attend and vote at Professional Staff meetings, other than on the election or removal of the officers of the Professional Staff, but shall not be eligible to hold an elected or appointed office of the Professional Staff. An Extended Class Nursing Staff member assigned to the courtesy staff category shall not be entitled to attend or vote at Professional Staff meetings nor to hold an elected or appointed office of the Professional Staff.

Section 7.7 Duties of Professional Staff

Each Professional Staff member:

- (a) is accountable to and shall recognize the authority of the Board through and with the Chief of Staff, Program Chief and Chief Executive Officer;
- (b) shall co-operate with and respect the authority of:
 - (i) the Chief of Staff, Deputy Chief of Staff and the Medical Advisory Committee;
 - (ii) the Program Chiefs;

- (iii) the Head of the applicable Division;
- (iv) the Chief Executive Officer; and
- (c) shall perform the duties, undertake the responsibility and comply with the provisions set out in this By-law and the Rules and Regulations and Policies; and
- (d) shall forthwith advise the Chief of Staff of the commencement of any College disciplinary proceeding, proceedings to suspend or restrict privileges at other hospitals, pending claims or malpractice actions.

ARTICLE 8– PROGRAMS AND DIVISIONS

Section 8.1 Professional Staff Programs

- (1) The Professional Staff may be organized into such Programs as may be approved by the Board from time to time.
- (2) Each Professional Staff member shall be appointed to a minimum of one of the Programs. Appointment may extend to one or more additional Programs.

Section 8.2 Divisions Within a Program

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

Section 8.3 Changes to Programs and Divisions

The Board may, at any time, create such additional Programs or Divisions, amalgamate Programs or Divisions, or disband Programs or Divisions.

ARTICLE 9– LEADERSHIP POSITIONS

Section 9.1 Professional Staff Leadership Positions

- (1) The following positions shall be established in accordance with this By-law:
 - (a) Chief of Staff; and
 - (b) where the Professional Staff has been organized into Programs, Program Chiefs.
- (2) The following positions may be established in accordance with this By-law:
 - (a) Deputy Chief of Staff;
 - (b) Deputy Program Chief; and

(c) Head of Division.

(3) 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.

(4) An appointment to any position referred to in Sections 9.1(1) or 9.1(2) may be made on an acting or interim basis where there is a vacancy in any office referred to in this section or while the person holding any such office is absent or unable to act.

(5) An appointment to any position referred to in Sections 9.1(1) or 9.1(2) may be revoked at any time by the Board.

(6) The Board shall receive and consider the input of the Medical Advisory Committee before it makes an appointment to a Professional Staff leadership position.

Section 9.2 Appointment of Chief of Staff

(1) The Board shall appoint a Physician on the Active Staff to be the Chief of Staff after considering the recommendations of a selection committee composed of members of the Board and the Medical Advisory Committee.

(2) Subject to annual confirmation by the Board, an appointment of the Chief of Staff shall be upon the terms and conditions prescribed and determined by the Board.

(3) If the Board determines not to renew or extend the term of the Chief of Staff or after an incumbent has served 10 years in the position, the selection committee shall meet to consider candidates and make a recommendation to the Board for appointment as Chief of Staff.

(4) The Board shall act upon the recommendation of the selection committee or refer the report back to the selection committee for the purposes of further consideration of the proposed applicants and the selection committee's recommendations.

(5) The selection committee's recommendation to the Board and the Board's decision to appoint a Chief of Staff shall be carried out in such a manner as to ensure that there will be no vacancy in the position of Chief of Staff.

Section 9.3 Responsibilities and Duties of Chief of Staff

(1) The Chief of Staff shall:

(a) be an *ex-officio* member of the Board and, as a director, fulfill fiduciary duties to the Corporation;

(b) chair the Medical Advisory Committee;

- (c) be an *ex-officio* member of all Medical Advisory Committee sub-committees;
 - (d) comply with this By-law, the Rules and Regulations, the Policies, and the Professional Staff Credentialing Policy and Professional Staff Credentialing Procedure;
 - (e) be accountable to the Board for all the care provided by Professional Staff members to patients of the Hospital;
 - (f) perform the duties described in Chief of Staff Position Description as set out in the Board Policy Manual; and
 - (g) perform such other duties as directed by the Board from time to time.
- (2) The Chief of Staff shall, in consultation with the Chief Executive Officer, designate an alternate to act during the absence of both the Chief of Staff and the Deputy Chief of Staff, if any.

Section 9.4 Appointment and Duties of Deputy Chief of Staff

- (1) The Board may appoint a Physician on the Active Staff to be the Deputy Chief of Staff upon the advice of the Chief of Staff after considering the recommendations of the selection committee and the Medical Advisory Committee.
- (2) An appointment of the Deputy Chief of Staff shall be upon the terms and conditions prescribed and determined by the Board.
- (3) The Deputy Chief of Staff, if appointed, shall be a member of the Medical Advisory Committee and shall act in the place of the Chief of Staff if the Chief of Staff is absent or unable to act, and shall perform such duties as assigned from time to time by the Chief of Staff; provided that the Deputy Chief of Staff shall not be a member of the Board unless appointed as Chief of Staff on an acting or interim basis in accordance with Section 9.1(4).

Section 9.5 Appointment of Program Chiefs

The Board shall appoint a Chief of each Program in accordance with the Rules and Regulations and Policies.

Section 9.6 Duties of Program Chiefs

A Program Chief shall:

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

- (b) perform such duties as may be outlined in the Program Chief position description approved by the Board or as set out in the Rules and Regulations and Policies or as assigned by the Board, the Chief of Staff, the Medical Advisory Committee or the Chief Executive Officer from time to time;
- (c) have the authority and responsibility of a head of department for the purposes of the *public Hospitals Act* and the regulations thereunder; and
- (d) in consultation with the Chief of Staff, designate an alternative to act during the absence of both the Program Chief and the Deputy Program Chief, if any.

Section 9.7 Appointment and Duties of Deputy Program Chiefs

The Board may appoint a Deputy Program Chief in accordance with the Rules and Regulations and Policies. The Deputy Program Chief, if appointed, is the delegate of the Program Chief. The Deputy Program Chief has responsibilities and duties similar to those of the Program Chief as determined by the Program Chief.

Section 9.8 Appointment and Duties of Heads of Division

The Board may appoint a Head of Division or may delegate to the Medical Advisory Committee the authority to appoint one or more Heads of Division in accordance with the Rules and Regulations and Policies. The Head of Division, if appointed, shall perform such duties as may be outlined in the Head of Division position description approved by the Board or as set out in the Rules and Regulations and Policies or as assigned by the Board, the Chief of Staff, the Medical Advisory Committee or the Chief Executive Officer from time to time.

ARTICLE 10– MEDICAL ADVISORY COMMITTEE

Section 10.1 Composition of Medical Advisory Committee

- (1) The Medical Advisory Committee shall consist of the following voting members:
 - (a) the Chief of Staff, who shall chair the Medical Advisory Committee;
 - (b) the Deputy Chief of Staff;
 - (c) the Program Chiefs;
 - (d) the President, Vice President and Secretary of the Professional Staff; and
 - (e) such other Medical Staff members as may be appointed by the Board, after considering the recommendations of the Medical Advisory Committee, from time to time.
- (2) In addition, the following shall be entitled to attend the meetings of the Medical Advisory Committee without a vote:

- (a) the Chief Executive Officer;
- (b) the Chief Nursing Executive;
- (c) the Vice President, Patient Services; and
- (d) such other persons as may be invited by the Chief of Staff.

Section 10.2 Recommendations of Medical Advisory Committee

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

Section 10.3 Medical Advisory Committee Duties and Responsibilities

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

- (a) make recommendations to the Board concerning the following matters:
 - (i) every application for appointment or reappointment to the Professional Staff and any request for a change in privileges;
 - (ii) the privileges to be granted to each Professional Staff member;
 - (iii) this By-law and Rules and Regulations and Policies respecting the Professional Staff;
 - (iv) the suspension, restriction or revocation of privileges of any Professional Staff member;
 - (v) the quality of care provided in the Hospital by the Professional Staff;
- (b) supervise the clinical practice of medicine, dentistry, midwifery and extended class nursing in the Hospital;
- (c) appoint the Medical Staff members of all committees established under Section 10.4;
- (d) receive reports of the committees of the Medical Advisory Committee;
- (e) advise the Board on any matters referred to the Medical Advisory Committee by the Board; and
- (f) where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under subsection 2(a)(v)

of the Hospital Management Regulation (965) under the *Public Hospitals Act*, the Medical Advisory Committee shall make recommendations about those issues to the Hospital's quality committee established under subsection 3(1) of the *Excellent Care for All Act, 2010*.

Section 10.4 Establishment of Committees of the Medical Advisory Committee

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

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

Section 10.5 Credentials Committee

(1) The Credentials Committee is hereby established.

(2) The Credentials Committee shall consist of:

- (a) the chair, who shall be a Program Chief or any Professional Staff who previously served as a Program Chief;
- (b) two other Program Chiefs or any Professional Staff who previously served as a Program Chief;
- (c) an officer of the Professional Staff as described in Section 12.1(2);
- (d) such other Medical Staff members as may be set out in the Rules and Regulations or Policies.

(3) The Credentials Committee shall:

- (a) fulfill its duties under and ensure compliance with the Professional Staff Credentialing Policy and Professional Staff Credentialing Procedure;
- (b) ensure that a record of the qualifications and professional career of every member of the Professional Staff, apart from the Secondary Professional Staff, is maintained;

- (c) consider the position description for each new or replacement Professional Staff member, apart from Secondary Professional Staff members; and
- (d) perform any other duties prescribed by the Medical Advisory Committee.

Section 10.6 Quorum for Medical Advisory Committee and Sub-Committee Meeting

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

ARTICLE 11– MEETINGS – PROFESSIONAL STAFF

Section 11.1 Regular, Annual and Special Meetings of the Professional Staff

- (1) At least four meetings of the Professional Staff shall be held each fiscal year of the Hospital at the call of the President of the Professional Staff, one of which shall be the annual meeting.
- (2) The President of the Professional Staff may call a special meeting of the Professional Staff. Special meetings shall be called by the President of the Professional Staff on the written request of any ten members of the Active Staff.
- (3) A written notice of each Professional Staff meeting (including the annual meeting or any special meeting) shall be given by the Secretary of the Professional Staff to the Professional Staff at least 14 days in advance of the meeting by posting a notice of the meeting in a conspicuous place at each site of the Hospital. Notice of special meetings shall state the nature of the business for which the special meeting is called.
- (4) The period of time required for giving notice of any special meeting may be waived in cases of emergency by the majority of those Professional Staff members present and entitled to voting at the special meeting, as the first item of business of the meeting.

Section 11.2 Quorum

A quorum for any regular, annual or special meeting of the Professional Staff shall be as set out in the Rules and Regulations or Policies.

Section 11.3 Rules of Order

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

Section 11.4 Medical Staff Meetings

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

ARTICLE 12– OFFICERS OF THE PROFESSIONAL STAFF

Section 12.1 Officers of the Professional Staff

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

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

- (a) the President;
- (b) the Vice President;
- (c) the Secretary; and
- (d) such other officers as the Professional Staff may determine.

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

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

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

(6) The position of any elected Professional Staff officer that becomes vacant during the term may be filled by a vote of the majority of the Professional Staff members present and voting at a regular Professional Staff meeting or at a special Professional Staff meeting called for that purpose. The election of such Professional Staff member shall follow the process in Section 12.3. The Professional Staff member so elected to office shall fill the office until the next annual Professional Staff meeting.

Section 12.2 Eligibility for Office

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

Section 12.3 Nominations and Election Process

- (1) A nominating committee shall be constituted through a process approved by the Professional Staff on recommendation of the officers of the Professional Staff.
- (2) At least 21 days before the annual Professional Staff meeting, the nominating committee shall circulate or post in a conspicuous place at each site of the Hospital, a list of the names of those who are nominated to stand for the offices of the Professional Staff that are to be filled by election, in accordance with the Regulations under the *Public Hospitals Act* and this By-law.
- (3) Any further nominations shall be made in writing to the Secretary of the Professional Staff up to seven days before the annual Professional Staff meeting.
- (4) Any further nomination shall be signed by two members of the Professional Staff who are entitled to vote, the nominee shall have signified in writing on the nomination his or her acceptance of it, and such nomination shall then be circulated or posted as described in Section 12.3(2).

Section 12.4 President of the Professional Staff

The President of the Professional Staff shall:

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

Section 12.5 Vice President of the Professional Staff

The Vice President of the Professional Staff shall:

- (a) in the absence or disability of the President of the Professional Staff, act in place of the President, perform his or her duties and possess his or her powers as set out in Section 12.4, but not the duty set out in Section 12.4(e);
- (b) perform such duties as the President of the Professional Staff may delegate to him or her;
- (c) be a member of the Medical Advisory Committee; and

- (d) be an *ex-officio* member of the Board and, as a director, fulfill fiduciary duties to the Corporation

Section 12.6 Secretary of the Professional Staff

The Secretary of the Professional Staff shall:

- (a) attend to the correspondence of the Professional Staff;
- (b) ensure notice is given and minutes are kept of Professional Staff meetings, and submit the minutes to the Medical Advisory Committee;
- (c) make a record of attendance for each Professional Staff meeting, and make such records available to the Medical Advisory Committee;
- (d) maintain the funds and financial records of the Professional Staff and provide a financial report at the annual Professional Staff meeting;
- (e) disburse funds at the direction of the Professional Staff, as determined by a majority vote of the Professional Staff members entitled to vote who are present and vote at a Professional Staff meeting;
- (f) be a member of the Medical Advisory Committee; and
- (g) in the absence or disability of the Vice President of the Professional Staff perform the duties and possess the powers of the Vice President as set out in Section 12.5, but not the duty set out in Section 12.5(d).

Section 12.7 Other Officers

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

ARTICLE 13– AMENDMENTS

Section 13.1 Amendments to Professional Staff 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 by-law or amendments thereto shall be posted in a conspicuous place at each site of the Hospital for review by the Professional Staff;
- (b) the Professional Staff shall be afforded 21 days from the date of the notice to comment on the proposed amendments; and

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