



London Health Sciences Centre

**LONDON HEALTH SCIENCES CENTRE
CREDENTIALLED
PROFESSIONAL STAFF BY-LAWS**

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SCHEDULES

SCHEDULE A PROCEDURE REGARDING REAPPOINTMENTS, REQUESTS FOR CHANGES IN PRIVILEGES AND MID-TERM ACTION

CREDENTIALLED PROFESSIONAL STAFF BY-LAW OF LONDON HEALTH SCIENCES CENTRE

(hereinafter referred to as the “Corporation”)

PREAMBLE

WHEREAS London Health Sciences Centre is an acute care teaching hospital (the “Corporation”) operating under the authority granted to it by the Province of Ontario. It functions under legislation contained in the *Public Hospitals Act* and all other pertinent and appropriate provincial and federal acts and regulations to provide care and treatment for those persons who require hospitalization or treatment. In addition to this “caring” function the Corporation has the following objects:

- (A) In affiliation with Western University and other educational institutions to participate in programs for the contemporary training, education and qualification of undergraduate and graduate students in the health disciplines as may be considered necessary or advisable. In achieving this objective, the Hospital assumes its role as a University teaching hospital and health science centre.
- (B) To encourage, promote and carry on medical and health care research through the Lawson Health Research Institute. In addition, to encourage, promote support and carry on medical research in association with The University of Western Ontario and other teaching hospitals and research funding agencies and other health science related agencies or institutions.
- (C) To collaborate with community-based health agencies so that a continuum of care is offered to patients.
- (D) To assist in the promotion and maintenance of the health status of persons residing in the region served by the Corporation.
- (E) To accept donations, gifts, legacies and bequests for use in promoting the objects and the carrying on of the work of the Corporation.
- (F) To perform such lawful acts as are deemed necessary to promote the attainment of these objects.

AND WHEREAS the governing body of the Corporation deems it expedient that all By-Laws of the Corporation heretofore enacted be cancelled and revoked and that the following By-Law be adopted for regulating the affairs of the Corporation.

NOW THEREFORE BE IT ENACTED that all By-Laws of the Corporation heretofore enacted be cancelled and revoked and that the following By-Law be substituted in lieu thereof.

ARTICLE 1 - DEFINITIONS AND INTERPRETATION

1.1 Definitions

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

- (a) **“Act”** means the *Corporations Act* (Ontario) as amended or replaced from time to time, and where the context requires, includes the Regulations made under it;
- (b) **“Application”** means the application for membership prescribed by the Board;
- (c) **“Board”** means the Board of Directors of the Corporation;
- (d) **“By-Law”** means any By-Law of the Corporation from time to time in effect;
- (e) **“Chair of the Medical Advisory Committee”** means a Physician member of the Credentialed Professional Staff who is appointed by the Board to chair the Medical Advisory Committee;
- (f) **“Chair of the Department of Schulich Medicine & Dentistry”** means a member of the Professional Staff appointed by the Schulich School of Medicine & Dentistry at Western University as the Chair of one of its departments;
- (g) **“Chief Executive Officer”** means, in addition to ‘administrator’ as defined in section 1 of the *Public Hospitals Act*, the Chief Executive Officer of the Corporation;
- (h) **“Chief Medical Officer”** means, the Vice President of the Corporation who is also the Chief Medical Officer;
- (i) **“Chief Nursing Executive”** means the Vice President of the Corporation who is also the Chief Nursing Officer;
- (j) **“Chief of a Department”** means a member of the Credentialed Professional Staff appointed by the Board to be responsible for the professional standards and quality of medical care rendered by the members of that Department at the Hospital;
- (k) **“Chief of Service”** means the Physician, Dentist or Midwife appointed by the Chief of a Department to be in charge of one of an organized service of a Department;
- (l) **“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, or the College of Nurses of Ontario;
- (m) **“Committee”** means a committee of the Board or as otherwise specified in this By-Law;

- (n) **“Corporation”** means London Health Sciences Centre with the Head Office at 800 Commissioners Road East, London, Ontario, N6A 4G5 until the Head Office is determined otherwise by the Board;
- (o) **“Credentialed Professional Staff”** means those Physicians, Dentists, Midwives and Registered Nurse in the Extended Class who are appointed by the Board and who are granted specific privileges to practise medicine, dentistry, midwifery or nursing;
- (p) **“Credentialed Professional Staff Appointment”** means the appointment or assignment of a Credentialed Professional Staff member to a Department or Service in the Hospital within the categorization of Active, Associate, Modified Active, Honorary, Temporary, Term, Supportive, Locum Tenens, and Clinical Fellow;
- (q) **“Credentialed Professional Staff Human Resources Plan”** means the plan developed by the Chief Executive Officer, or delegate in consultation with the Chair of the Medical Advisory Committee, Chiefs of Departments, and Medical Leaders based on the mission and strategic plan of the Corporation and on the needs of the community, which plan provides information and future projections of this information with respect to the management and appointment of Physicians, Dentists, Midwives, and Registered Nurse in the Extended Class who are or may become members of the Credentialed Professional Staff;
- (r) **“Credentialed Professional Staff Organization”** includes the Medical, Dental, Midwifery Staff, and/or Registered Nurse in the Extended Class as contemplated by the *Public Hospitals Act*;
- (s) **“Dean”** means the Dean of Schulich Medicine & Dentistry;
- (t) **“Dental Staff”** means the collection of legally qualified Dentists appointed by the Board to attend or perform dental services for patients in the Hospital;
- (u) **“Dentist”** means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (v) **“Department”** means an organizational unit of the Credentialed Professional Staff to which members with a similar field of practice have been assigned;
- (w) **“Ex-officio”** means membership “by virtue of the office”;
- (x) **“Hospital”** means London Health Sciences Centre, including the Children’s Hospital;
- (y) **“Impact Analysis”** means a study conducted by the Chief Executive Officer, or delegate, in consultation with the Chair of the Medical Advisory Committee, Chiefs of Departments and Medical Leaders to determine the impact upon the resources of the Corporation of the proposed or continued appointment of any person to the Credentialed Professional Staff;
- (z) **“London Health Sciences Centre”** means the corporation named London Health Sciences Centre, a public hospital and an acute care teaching hospital;

- (aa) **“Medical Leader”** means a Physician, Dentist or Midwife who provides leadership to a Service or Program;
- (bb) **“Medical Staff”** means those Physicians who are appointed by the Board and who are granted privileges to practise medicine in the Hospital;
- (cc) **“Midwife”** means a Midwife in good standing with the College of Midwives of Ontario;
- (dd) **“Midwifery Staff”** means those Midwives who are appointed by the Board and who are granted privileges to practise midwifery in the Hospital;
- (ee) **“Patient”** means, unless otherwise specified, any “in-patient” or “out-patient” of the Corporation;
- (ff) **“Person”** means and includes any individual, corporation, partnership, firm, joint-venture, syndicate, association, trust, government, government agency, board, commission or authority, or any other form of entity or organization;
- (gg) **“Physician”** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (hh) **“Policies”** means the Board, administrative, and clinical policies of the Corporation;
- (ii) **“Privileges”** or **“privileges”** means the rights, entitlements and obligations associated with the Credentialed Professional Staff categories as provided for therein;
- (jj) **“Procedural Privileges”** means those clinical activities and clinical procedures to be performed by and for which a member of the Credentialed Professional Staff is trained and skilled as approved by the Medical Advisory Committee;
- (kk) **“Professional Staff”** means those members of a Regulated Health Profession who provide services within the Hospital;
- (ll) **“Program”** means a cluster of patient-centred services which optimizes patient care, education and research and is consistent with the Mission, Vision and Values of the Corporation;
- (mm) **“Public Hospitals Act”** means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the Regulations made under it;
- (nn) **“Registered Nurse in the Extended Class”** or **“RN (EC)”** 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* and who has been granted privileges by the Hospital;
- (oo) **“Research Institute”** means the Lawson Health Research Institute;
- (pp) **“Rules and Regulations”** means the Rules and Regulations governing the practice of the Credentialed Professional Staff in the Hospital both generally and within a particular Department, which have been established respectively by the staff in general and the staff of the Department;

- (qq) **“Schulich Medicine & Dentistry”** means the Schulich School of Medicine & Dentistry at Western University;
- (rr) **“Senior Leadership Team”** means the employees of the Corporation who hold senior management positions and report to the Chief Executive Officer and are responsible for the overall management of the activities of the Corporation;
- (ss) **“Service”** means an organizational unit of a Department which is based on a sub-speciality area of clinical practice;
- (tt) **“Specialty”** also means, unless otherwise specified, “subspecialty”;
- (uu) **“St. Joseph’s Health Care, London”** Means the corporation named St. Joseph’s Health Care London, a public hospital and an acute care and specialty teaching hospital where its programs and services reflect the Catholic tradition and values, and address the needs of patients and their caregivers;
- (vv) **“University”** and **“Western”** mean The University of Western Ontario, London, Ontario, Canada (Western University);
- (ww) **“Vice President, Medical”** means the Vice President of the Corporation whose portfolio includes Medical Affairs;
- (xx) **“Vice President, Quality”**, means the Vice President directly responsible for Quality of Care within the Corporation;
- (yy) **“Vice President, Research”** or delegate, means the Vice President of the Corporation whose portfolio includes Research; and
- (zz) **“Volunteer”** means an individual belonging to a voluntary association contemplated by Article 11 who contributes time to assist with the Hospital’s operations.

ARTICLE 2 - PURPOSES OF CREDENTIALLED PROFESSIONAL STAFF BY-LAWS

2.1 Purposes of the Credentialed Professional Staff By-Laws

The purposes of the Credentialed Professional Staff By-Laws are to:

- (a) outline clearly and succinctly the purposes and functions of the Credentialed Professional Staff;
- (b) identify specific organizational units necessary to allocate the work of carrying out those functions;
- (c) identify the process for the selection of the Medical Advisory Committee Chair and Vice-Chair, Chiefs of Departments, Chiefs of Services, Division and Site Chiefs and for the election of the Credentialed Professional Staff Organization officers;
- (d) provide a Credentialed Professional Staff Organization that defines responsibility, authority and accountability of every component and that is designed to ensure that each Credentialed Professional Staff Member exercises responsibility and authority commensurate with the Member’s

contribution to patient care and to the teaching and research needs of the Hospital, and fulfills like accountability obligations;

- (e) provide a mechanism for accountability to the Board and as appropriate for patient care and for professional and ethical conduct of each individual Member holding membership in the Credentialed Professional Staff; and
- (f) create a Credentialed Professional Staff Organization structure that will advocate the interests of and support the rights and privileges of the Credentialed Professional Staff Members as provided herein.

2.2 Purpose of the Credentialed Professional Staff Organization

The purpose of the Credentialed Professional Staff Organization, in addition to fulfilling the responsibilities established by the laws of the Province of Ontario and this By-Law, is to provide an organization whereby the Members of the Credentialed Professional Staff participate in the Hospital's planning, policy setting, and decision making through their elected officers.

2.3 Rules and Regulations

The Medical Advisory Committee, and where appropriate, a Department or Service with the approval of the Medical Advisory Committee, may make Rules and Regulations, as well as corresponding policies and procedures, as it deems necessary to supervise the patient care provided by the Credentialed Professional Staff, and to ensure that the conduct of the Members of the Credentialed Professional Staff is consistent with the Mission, Vision and Values of the Hospital, the *Public Hospitals Act*, and the By-Laws. Such Rules and Regulations, or any amendments thereto, will become effective when recommended by the Medical Advisory Committee and approved by the Board.

ARTICLE 3 - CREDENTIALLED PROFESSIONAL STAFF DUTIES AND RESPONSIBILITIES

3.1 Collective Duties and Responsibilities

Collectively, the Credentialed Professional Staff practising within the jurisdiction of the Corporation have responsibility and accountability to the Board for:

- (a) ensuring that care at the Hospital is appropriately directed to meeting patients' needs and is consistent with sound health care resource utilization practices;
- (b) participating in quality and patient safety initiatives by conducting all necessary and appropriate activities for assessing and improving the effectiveness, efficiency and safety of care provided in the Hospital;
- (c) ensuring that ethical practice standards compatible with those of contemporary clinical practice are observed;
- (d) providing and maintaining undergraduate and postgraduate medical education and health professional education in accordance with the mission of the Corporation;
- (e) providing and maintaining the development of continuing medical education and continuing interdisciplinary health professional education;

- (f) providing, maintaining and participating in medical, clinical health services and outcomes research;
- (g) promoting evidence-based decision making;
- (h) ensuring that any concerns, including patient and staff safety, relating to the operations of the Hospital are raised and considered through the proper channels of communication within the Hospital such as the Credentialed Professional Staff Organization or the Chair of the Medical Advisory Committee, Vice President, Medical, Medical Leaders, Vice President, Research, Chiefs of Department, Chiefs of Service, Medical Advisory Committee and/or the Board;
- (i) assisting to fulfill the mission of the Corporation through contributing to the strategic planning, community needs assessment, resource utilization management and quality management activities; and
- (j) contributing to the development and ensuring compliance with the Public Hospitals Act, and other applicable legislation including but not limited to the Occupational Health & Safety Act, the By-Laws, Rules and Regulations, Policies and ethical guidelines and the Hospital's Mission, Vision and Values of the Corporation

3.2 Individual Duties and Responsibilities

Each Member of the Credentialed Professional Staff has an individual responsibility and is accountable to the Corporation and the Board to:

- (a) ensure a high professional standard of care is provided to patients under their care that is consistent with sound healthcare resource utilization practices;
- (b) practise at the highest professional and ethical standards within the limits of the privileges provided;
- (c) perform only those acts, procedures, treatments and operations for which the Credentialed Professional Staff Member is competent and in accordance with the kind and degree of privileges and procedures granted by the Board;
- (d) maintain involvement, as a recipient, in continuing medical and interdisciplinary professional education;
- (e) contribute to academic activities within the parameters of a mutual agreement as determined within the Department in which the Credentialed Professional Staff Member is appointed;
- (f) recognize the authority of the Chiefs of Services, Chief of the Department, the Chair of the Medical Advisory Committee, Vice President, Medical, Chief Medical Officer, Medical Leaders, Vice President, Research, the Medical Advisory Committee and the Board;
- (g) comply with the *Public Hospitals Act*, and other applicable legislation including but not limited to the Occupational Health & Safety Act, the Hospital's By-Laws, Rules and Regulations, Policies and ethical guidelines and the Hospital's Mission, Vision and Values;

- (h) hold and maintain in good standing, including by paying all dues when payable, membership in either the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada, if such membership is required for appointment pursuant to section 4.3 of these By-laws;
- (i) participate in quality of care and patient safety initiatives, as required by the department Chief and/or the hospital;
- (j) prepare and complete patient records in accordance with the Hospital's Policies as may be established from time to time, and accepted industry standards;
- (k) provide the Member's Chief of Department with three (3) months' notice of the Members' intention to resign or restrict the Member's privileges;
- (l) work and cooperate with others in a manner consistent with the Hospital's Mission, Vision and Values;
- (m) notify the Board in writing through the Chief Executive Officer, or delegate of any additional professional degrees or qualifications obtained by the Member or of any change in the Certificate of Registration to practise medicine made by the College or change in professional liability insurance;
- (n) immediately notify and provide a written description to the Department Chief or delegate, or the Vice President of Medical Affairs, or the Chair of the Medical Advisory Committee, of any changes to the information provided by the Credentialed Professional Staff Member to the Corporation in their most recent application for appointment or reappointment including, without limitation:
 - (i) investigations, dispositions, proceedings, assessments (excluding peer assessments under a College QA program), reviews, privileges restrictions or disputes before a regulatory college, hospital or health care facility;
 - (ii) changes regarding the Credentialed Professional Staff Member's health which may impact their ability to practice or expose patients, physicians, or other employees to risk of harm;
 - (iii) information regarding criminal investigations, charges, or convictions; and
 - (iv) information of any civil suit where there was a finding of professional negligence or battery.
- (o) notify the Board, in writing through the Chief Executive Officer, or delegate of any change in status with the University;
- (p) serve as required on various Hospital and Credentialed Professional Staff committees;
- (q) participate as a member of an on-call rotation for a designated service as required by the service;
- (r) provide timely communication with all patients' referring physicians;
- (s) obtain consultations on patients, where appropriate;

- (t) when requested by a fellow Credentialed Professional Staff Member, provide timely consultations;
- (u) if referring patient to a private office, practice, or clinic will do so with full honesty and transparency with respect to all factors, including but not limited to:
 - (i) time to referral;
 - (ii) the cost of treatment or procedure, and whether it is an insured or uninsured service; and
 - (iii) whether or not the patient will remain a patient of the Hospital
- (v) endeavour to secure from the next of kin of a deceased patient, or from another appropriate authority, a written consent for the performance of a post-mortem examination on the body of a deceased patient;
- (w) complete, or cause to be completed, the "Recorded Consideration" section of the Notification of Death form indicating whether organs and/or tissues of the deceased patient were considered for transplantation;
- (x) in undertaking clinical research or clinical investigation, abide by the policies of the Research Institute;
- (y) in undertaking laboratory research or research involving the use of animals abide by the policies of the Research Institute;
- (z) report any critical incidents with respect to a patient under their care in accordance with the regulations under the *Public Hospitals Act*, and
- (aa) communicate immediately to the Chair of the Medical Advisory Committee and/or Vice President, Medical or Chief of a Department any situation where he or she believes another Member of the Credentialed Professional Staff is:
 - (i) attempting to exceed their privileges;
 - (ii) temporarily unable to perform their professional duties with respect to a patient in the Hospital; or
 - (iii) demonstrating disruptive behaviour and/or unprofessional conduct as defined by the Hospital or respective College.

ARTICLE 4 - APPOINTMENT AND REAPPOINTMENT TO THE CREDENTIALLED PROFESSIONAL STAFF

4.1 Appointment to the Credentialed Professional Staff

- (a) Credentialed Professional Staff who wish to practise at the Hospital will participate in the appointment process as set out herein. As a condition of appointment to the Credentialed Professional Staff a Credentialed Professional Staff Member will also apply for, be granted and maintain an appointment to the Credentialed Professional Staff of the St. Joseph's Health Care, London. In the event that a member of the Credentialed Professional Staff loses their appointment at St. Joseph's Health Care, London, that member will no longer

be eligible to hold an appointment and privileges at the Hospital, and shall receive administrative notice thereof.

- (b) The Board shall regularly establish criteria for appointment to the Credentialed Professional Staff after considering the advice of the Medical Advisory Committee;
- (c) The Board will appoint annually all Credentialed Professional Staff for the Corporation. Each appointment to the Credentialed Professional Staff shall be for a period of not more than one (1) year. Provided that where, within the appointment year a Member has applied for re-appointment, his or her appointment shall be deemed to continue until the re-appointment is granted; or where he or she is served with notice that the Board refuses to grant the re-appointment, until the time for giving notice requiring a hearing by the Appeal Board has expired and, where a hearing is required, until the decision of the Appeal Board has become final;
- (d) Where the Board of the Hospital determines that the Hospital shall cease to provide a service or the Minister directs the Hospital to cease to provide a service, the Board of Directors may:
 - (i) refuse the application of a Member for appointment or reappointment to the Credentialed Professional Staff or for a change in Hospital privileges;
 - (ii) revoke the appointment of any Member; and
 - (iii) cancel or substantially alter the privileges of any Member as long as such determination relates to the termination of the service; and
- (e) All new appointments will be contingent upon the need for services in the community and the completion of a full financial Impact Analysis demonstrating that the Hospital has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Credentialed Professional Staff Human Resources Plan.

4.2 Application for Appointment to the Credentialed Professional Staff

- (a) An application for appointment to the Credentialed Professional Staff will be processed in accordance with the provisions of the *Public Hospitals Act*, this By-Law, and the Rules and Regulations;
- (b) The Chief Executive Officer or delegate will supply a copy of the By-Laws, Rules and Regulations, Policies and ethical guidelines of the Corporation and the *Public Hospitals Act* to each applicant who expresses in writing an intention to apply for appointment to the Credentialed Professional Staff¹;
- (c) Each applicant for membership to the Credentialed Professional Staff will submit on the prescribed forms one (1) application to the Chief Executive Officer, or delegate;

¹ The Hospital's application may refer the applicant to the Hospital's website for some or all of the above information.

- (d) With the exception of paragraph 4.2(f) relating to Clinical Fellows, each application must contain the following:
- (i) confirmation by the applicant that the applicant has read the *Public Hospitals Act*, the Hospital's By-Laws, Rules and Regulations, Policies and ethical guidelines as well as the Mission, Vision and Values that were included in the application²; as well, confirmation by the applicant that the applicant will participate in quality and patient safety initiatives by conducting all necessary and appropriate activities for assessing and improving the effectiveness, efficiency and safety of care provided in the Hospital;
 - (ii) an undertaking that, if the applicant is appointed to the Credentialed Professional Staff of the Hospital, the applicant
 - (A) will provide the agreed upon services to the Hospital as described in the applicant's "initial offer of appointment" and thereafter as agreed upon as between the applicant/Member and the relevant Chief of Department; and
 - (B) will act in accordance with the *Public Hospitals Act*, the Hospital's By-Laws, Rules and Regulations, Policies and ethical guidelines and the Hospital's Mission, Vision and Values, as established or revised by the Hospital from time to time and in accordance with ethical standards of the profession as established from time to time;
 - (iii) an acknowledgement by the applicant that:
 - (A) the failure of the applicant to provide the agreed upon services in accordance with the *Public Hospitals Act*, the Hospital's By-Laws, Rules and Regulations, Policies and ethical guidelines and the Hospital's Mission, Vision and Values will constitute a breach of the applicant's obligations to the Hospital, and the Hospital may, upon consideration of the individual circumstances, remove access by the applicant to any and all Hospital resources, or take such actions as are reasonable, in accordance with the *Public Hospitals Act*, the Hospital's By-Laws, Rules and Regulations, Policies, and ethical guidelines; and the Hospital's Mission, Vision and Values;
 - (B) the failure of the applicant to comply with the undertaking set out in clause (ii) above may result in the applicant's privileges being restricted, suspended, revoked or the applicant being denied reappointment and may, depending on the circumstances, be a matter which is reportable to the College. Any such actions by the Hospital will be in accordance with the *Public Hospitals Act*, the Hospital's By-Laws, Rules and Regulations, Policies and ethical guidelines and the Hospital's Mission, Vision and Values;

² The Hospital's application may refer the applicant to the Hospital's website for some or all of the above information.

- (C) concurrent with the provision of the application, where applicable, the University will be notified of the applicant's application for privileges;
 - (D) a copy of the applicant's résumé and any other documents or information provided or disclosed to the Hospital by the applicant or any other party as a result of the application for appointment to the Credentialed Professional Staff of the Hospital may be shared with the University;
 - (E) the failure of the applicant to maintain an academic appointment where such academic appointment is a condition of the applicant's Hospital appointment may result in the applicant's privileges being restricted, suspended, revoked or the applicant being denied reappointment;
 - (F) the failure of the applicant to maintain an appointment to the Credentialed Professional Staff of the St. Joseph's Health Care, London may result in the applicant's privileges being restricted, suspended, revoked or the applicant being denied reappointment; and
 - (G) the end of a term appointment or the end of a service contract also ends the applicant's privileges with both Hospitals.
- (iv) a statement of current professional liability insurance coverage or membership in the Canadian Medical Protective Association, in the appropriate risk category, or equivalent, satisfactory to the Board, including a declaration, of any civil claim or suit for alleged malpractice resulting in a payment by the applicant, or on their behalf by the CMPA within the past 12 months any of which may be subject to verification;
 - (v) an up-to-date résumé, including a record of the applicant's professional education, post-graduate training, and continuing education acceptable to the City-Wide Credentials Committee and a chronology of academic and professional career, organizational positions and committee memberships;
 - (vi) evidence of current immunization status as suggested in the Communicable Disease Surveillance Protocols jointly published by the Ontario Hospital Association and the Ontario Medical Association and as required by Credentialed Professional Staff policy;
 - (vii) a current, as the case may be, Certificate of Professional Conduct (Physicians), Certificate of Registration (Dentists and Midwives) or Annual Registration Payment Card as a registered nurse in the extended class from the College and a signed consent authorizing the College to provide:
 - (A) a report on any action taken by a disciplinary committee or fitness to practise committee; and/or
 - (B) a report on whether the applicant's privileges have been restricted or cancelled by the College or by another hospital because of

- incompetence, negligence or any act of professional misconduct;
and/or
- (C) a letter of standing;
- (viii)
- (A) subject to clause (B) below, a recital and description of pending or completed disciplinary actions, voluntary restriction of privileges, competency investigations, performance reviews, and details with respect to prior privileges disputes with other hospitals regarding appointment, reappointment, change of privileges, or mid-term suspension or revocation of privileges;
 - (B) the applicant will not have to provide any recital or description where there was no adverse finding relating to the above, provided the applicant did not voluntarily or involuntarily resign or restrict the applicant's privileges or provide an undertaking of any kind while under review or in anticipation of an investigation or performance review; and
 - (C) "Pending" with respect to any disciplinary action, competency investigation, performance review or privilege dispute means that the matter has been considered by the other Hospital's medical or administrative leaders and has been referred to the other Hospital's Medical Advisory Committee for further investigation;
- (ix) a statement with respect to failure to obtain, reduction in classification or voluntary or involuntary resignation of any professional licence, Certificate of Registration, or certification, fellowship, professional academic appointment or privileges at any other hospital or health care institution;
- (x) the name of the Department, Program or Service to which the application is being made;
- (xi) a list of the procedures which are requested³ which shall be presented to the Medical Advisory Committee for approval;
- (xii) information regarding the applicant's health, including any impairments, medical conditions, diseases or illnesses that the applicant believes may impact on the applicant's ability to undertake the privileges and procedures requested by the applicant, and current treatments therefore, as well as the date of the applicant's last examination, the name of the treating health professional and an authorization to the treating health professional to release relevant information to the Hospital. Any information provided by

³ It is recognized that it is not useful or possible to maintain in a by-law an accurate and comprehensive list of procedural privileges for each individual Member of the Credentialed Professional Staff. When an applicant is appointed to the Credentialed Professional Staff and requests privileges, it is expected that only procedures generally considered to be within the scope of competence of a trained specialist in that the applicant's field shall form part of the grant of privileges. If an applicant wishes to apply for privileges in an area or areas that would generally not be thought to be within the scope of their specialty, then he/she should set them out in the application. If the applicant wishes to apply for a limited subset of privileges for which he/she would reasonably be expected to be capable of performing based on their specialty, similarly, he/she should specify this in the application.

the applicant's treating physician to the Chief of the Department will not become part of the applicant's credentialing file and will not be provided to the City-Wide Credentials Committee unless, in the sole discretion of the Chief of Department:

- (A) the Chief of Department reasonably believes that the information provided by the applicant's treating physician discloses a condition or situation that adversely impacts the applicant's ability to practise; and
 - (B) the applicant agrees to the release of the information to the City-Wide Credentials Committee. In the event that the applicant refuses to authorize the Chief of Department to release the information to the City-Wide Credentials Committee, the applicant will be deemed to have withdrawn the application for appointment;
- (xiii) information regarding any criminal proceedings or convictions involving the applicant which may impact the applicant's ability to practise;
 - (xiv) information of any civil suit related to medical practice or professional conduct where there was a finding of negligence or battery, including any such suit settled by a payment;
 - (xv) reports on experience and competence including:
 - (A) a report from the Chair of the Medical Advisory Committee or Chief of a Department in the last hospital in which the applicant held an appointment;
 - (B) if the applicant has completed training within the past five (5) years, a report from the director or head of the program in which the applicant has completed training; and
 - (C) the Chief Executive Officer of the last hospital where the applicant held privileges;
 - (xvi) a list of three (3) current, appropriate references;
 - (xvii) a signed authorization in the form approved by the Board authorizing any applicable hospital, healthcare institution or regulatory body to release information relating to any of the above;
 - (xviii) such additional information relating to the provision of medical services or professional conduct as, from time to time, the Medical Advisory Committee may recommend and/or the Board approves; and
 - (xix) an undertaking, in writing, that:
 - (A) the applicant understands the requirements for accepting clinical, academic and administrative responsibilities as requested by the Board following consultation with the Medical Advisory Committee and/or Chief of Department;

- (B) if appointed, the applicant will act in accordance with the *Public Hospitals Act*, and other applicable legislation including but not limited to the Occupational Health & Safety Act, and abide by and be guided by the requirements set out in the Hospital's By-Laws, including quality and patient safety initiatives as outlined in article 3.1(b) and 3.2 (i) Rules and Regulations, Policies and ethical guidelines and the Hospital's Mission, Vision and Values, and will act in accordance with ethical standards of the profession;
 - (C) if appointed, the applicant will serve on committees or subcommittees to which he/she is appointed by the Board or the Medical Advisory Committee;
 - (D) if appointed, the applicant will abide by the Corporation's Policies as related to confidentiality of patient information and Corporation matters. No Credentialed Professional Staff Member will make statements on behalf of the Corporation to the news media or public without the express authority of the Chief Executive Officer; and
 - (E) if appointed, the applicant will use best efforts to provide the Hospital with three (3) months' prior written notice of the applicant's intention to resign or otherwise limit their exercise of privileges and that a failure to provide the required notice will result in the Chief of Department notifying the College that the applicant has failed to comply with the Hospital's By-Laws and a notation of the breach of the By-Laws in the applicant's file. The applicant may be exempted from the notice requirements if the Chief of Department believes, after considering the Credentialed Professional Staff Human Resources Plan, that the notice is not required or if the Chief of Department believes that there are reasonable or compassionate grounds to grant the exemption;
- (e) In addition to any other provisions of the By-Laws, the Board may refuse to appoint any applicant to the Credentialed Professional Staff on any of the following grounds:
- (i) if applicable, the applicant was not granted an academic appointment;
 - (ii) if the applicant failed to maintain appointment to the Credentialed Professional Staff of the St. Joseph's Health Care, London;
 - (iii) the appointment is not consistent with the need for service, as determined by the Board from time to time;
 - (iv) the Credentialed Professional Staff Human Resources Plan of the Corporation and/or Department does not demonstrate sufficient resources to accommodate the applicant; and/or
 - (v) the appointment is not consistent with the strategic plan of the Corporation or the academic plan of the Department;

- (f) Supporting documentation with respect to each application by a Clinical Fellow shall be obtained by the Hospital from the University's Post Graduate Education Office and other sources, as appropriate, and shall contain:
- (i) confirmation by the applicant that the applicant has read the *Public Hospitals Act*, the Hospital's By-Laws, Rules and Regulations, Policies and ethical guidelines and the Hospital's Mission, Vision and Values that were included in the application⁴;
 - (ii) an undertaking that, if the applicant is appointed to the Credentialed Professional Staff of the Hospital, the applicant will act in accordance with the *Public Hospitals Act*, the Hospital's By-Laws, Rules and Regulations, Policies and ethical guidelines, and the Hospital's Mission, Vision and Values as established or revised by the Hospital from time to time and in accordance with ethical standards of the profession as established from time to time;
 - (iii) evidence of professional liability insurance coverage or membership in the Canadian Medical Protective Association, in the appropriate risk category or equivalent, satisfactory to the Board, including a declaration of any civil claim or suit for alleged malpractice resulting in a payment by the applicant, or on their behalf by the CMPA within the past 12 months any of which may be subject to verification;
 - (iv) evidence of current immunization status as suggested in the Communicable Disease Surveillance Protocols jointly published by the Ontario Hospital Association and the Ontario Medical Association;
 - (v) information regarding the applicant's health, including any impairments, medical conditions, diseases or illnesses that the applicant believes may impact on the applicant's ability to practise, and current treatments therefore, as well as the date of the applicant's last examination, the name of the treating health professional and an authorization to the treating health professional to release relevant information to the Hospital. Any information provided by the applicant's treating physician to the Chief of the Department will not become part of the applicant's credentialing file and will not be provided to the City-Wide Credentials Committee unless in the sole discretion of the Chief of Department:
 - (A) the Chief of Department reasonably believes that the information provided by the applicant's treating physician discloses a condition or situation that adversely impacts the applicant's ability to practise; and
 - (B) the applicant agrees to the release of the information to the City-Wide Credentials Committee. In the event that the applicant refuses to authorize the Chief of Department to release the information to the City-Wide Credentials Committee, the applicant will be deemed to have withdrawn the application for appointment;

⁴ The Hospital may refer the applicant to the Hospital's website for some or all of the above information.

4.3 Criteria for Appointment to the Credentialed Professional Staff

Each applicant for appointment to the Credentialed Professional Staff will meet the following qualifications:

- (a) An applicant qualified to practise medicine, dentistry, midwifery, or registered nurse in the extended class shall only be eligible to be a member of and appointed to the Credentialed Professional Staff of the Hospital where such applicant has already applied for, is eligible for and shall be appointed to the Credentialed Professional Staff of St. Joseph's Health Care London in circumstances where there is a corresponding service or program at St. Joseph's Health Care London;
- (b) The applicant, with the exception of Honorary Staff, shall be a registrant in good standing of the appropriate College;
- (c) Where required, and while applicants may not be required to hold an appointment in Schulich Medicine & Dentistry, whether or not the applicant is granted such an appointment shall be considered by the City-Wide Credentials Committee in assessing the application and, all things being equal, preference will be given to applicants who are granted a University appointment;
- (d) (i) For Medical Staff appointed in the categories of active, associate, modified active or locum tenens as outlined in Article 6 of these By-Laws practicing in a specialty⁵ recognized by the Royal College of Physicians and Surgeons of Canada must:
 - (A) hold and maintain in good standing independent certification by the College of Physicians and Surgeons of Ontario; or
 - (B) at the discretion of the Board upon the advice of the Medical Advisory Committee and the recommendation of the City-Wide Credentials Committee, hold a restricted Certificate of Registration from the College of Physicians and Surgeons of Ontario:
 - (I) authorizing practice in Ontario in the specialty of their certification, from another country, at the rank of Assistant Professor and attain promotion to the rank of Associate Professor at Schulich Medicine & Dentistry as determined by Schulich Medicine & Dentistry's Condition of

⁵ Existing Professional Staff appointees who do not possess subspecialty certification will be exempt from the requirement to attain certification. This will apply in the following circumstances: a) where subspecialty certification did not exist prior to 2013, b) where the Royal College introduces a subspecialty certification process by examination in the future for subspecialties that did not have exams prior to 2013, or c) the College of Family Physicians of Canada introduces a new special competence program where no such program existed prior to 2013.

Appointment for Physicians (2018) which is typically within seven (7) years; and

- (II) Once eligible, complete a practice assessment by the College of Physicians and Surgeons of Ontario, that assessment must be completed within seven (7) years⁶; or
 - (III) authorizing practice in Ontario in the specialty of their certification, from another country, at the rank of Associate Professor or Professor. Within 18 months of becoming eligible for Royal College of Physicians and Surgeons of Canada membership attain an academic certificate from the Royal College of Physicians and Surgeons of Canada;
- (ii) Medical Staff appointed in the categories of active, associate, modified active, locum tenens as outlined in Article 6 of these By-Laws practicing as Family Physicians must:
- (A) Hold independent certification by the College of Physicians and Surgeons of Ontario; and
 - (B) Hold certification by the College of Family Physicians of Canada or equivalent and maintain membership with the following exceptions;
 - (I) Family physicians that graduated and commenced practice before 1994 are not required to have CCFP certification; or
 - (II) Family physicians that have attempted the CCFP examination and have not passed, who have a restricted certificate of registration, and who are intending to rewrite the exam.
 - (C) All Family Physicians with Family Medicine hospital privileges must have active membership with the College of Family Physicians of Canada for purposes of meeting Continuing Medical Education Requirements.
 - (D) All Physicians who currently hold active Family Medicine hospital privileges at the time of requirements (A) and (B) above having been implemented, but who do not have an active CCFP certification and/or an active membership with the College of Family Physicians of Canada, may continue to hold Family Medicine hospital privileges subject to meeting Continuing Medical Education Requirements as outlined by the College of Physicians and Surgeons of Ontario; or
 - (E) at the discretion of the Board upon the advice of the Medical Advisory Committee and the recommendation of the City-Wide Credentials

⁶ Does not apply to appointees who started prior to June 30, 2019

Committee, hold a restricted Certificate of Registration from the College of Physicians and Surgeons of Ontario:

- (I) issued under the College of Physicians and Surgeons of Ontario's restricted Certificates of Registration policy, and are currently eligible to take the certification examination of the College of Family Physicians of Canada on the basis of satisfactory completion of a College of Family Physicians of Canada - accredited residency program in Canada or a College of Family Physicians of Canada - recognized program outside Canada; or
 - (II) issued under the College of Physicians and Surgeons of Ontario's restricted Certificates of Registration policy, and are working towards completing the requirements for and obtaining College of Family Physicians of Canada certification;
- (iii) Medical Staff appointed in the categories of active, associate, modified active, locum tenens as outlined in Article 6 of these By-Laws who are members in the Department of Emergency Medicine must;
- (A) hold and maintain in good standing independent certification by the College of Physicians and Surgeons of Ontario; or
 - (I) certification in Emergency Medicine by the College of Family Physicians of Canada, or equivalent; or
 - (B) at the discretion of the Board upon the advice of the Medical Advisory Committee and the recommendation of the City-Wide Credentials Committee, hold a restricted Certificate of Registration from the College of Physicians and Surgeons of Ontario:
 - (I) authorizing practice in Ontario in Emergency Medicine, based on certification from another country, at the rank of Assistant Professor and attain promotion to the rank of Associate Professor at Schulich Medicine & Dentistry as determined by Schulich's Condition of Appointment for Physicians (2018) which is typically within seven (7) years; and
 - (II) Once eligible complete a practice assessment by the CPSO, which must be completed within seven (7) years⁷; or
 - (III) authorizing practice in Ontario in the specialty of their certification, from another country, at the rank of Associate Professor or Professor. Within 18 months of becoming eligible for Royal College of Physicians and Surgeons of

⁷ Does not apply to appointees who started prior to June 30, 2019.

Canada membership attain an academic certificate from the Royal College of Physicians and Surgeons of Canada;

- (iv) Members practicing under 4.3(d)(i)(B)(I), (II) or 4.3(d)(ii)(E)(I), (II) or 4.3(d)(iii)(B)(I), (II) above must supply a copy of the letter from the Dean supporting their appointment, where required by the College of Physicians and Surgeons of Ontario. Should Members initially appointed as Assistant Professors not be successful in promotion to the rank of Associate Professor within the time frames specified by the College of Physicians and Surgeons of Ontario or the University, the Member will no longer qualify for an appointment under these categories. In addition, a copy of that annual report of performance by the Chief as required by the College of Physicians and Surgeons of Ontario will be submitted and kept as part of the Member's credentials file;
 - (v) Members practicing under 4.3(d)(i)(B)(I), (II), or 4.3(d)(iii)(E)(I), (II) or 4.3(d)(iii)(B)(I),(II) above must supply a copy of the College of Physicians and Surgeons of Ontario approved plan of supervision, where required by the College of Physicians and Surgeons of Ontario, as provided by the Chief of the department in which they hold their appointment;
 - (vi) Each time the Member writes their college exams they shall report the outcome to the Chief of the Department in which they are appointed. A copy of the results should be sent to the City-Wide Credentials Committee to form part of the Credentials file. At any time should a Member not be successful in passing their exam, whether or not they continue to be eligible to rewrite their exams, a review of their appointment will be triggered, which may result in a recommendation that their appointment be revoked;
 - (vii) Medical Staff practicing in a specialty recognized by the Royal College of Physicians and Surgeons of Canada, or practicing as Family Physicians, or who are members in the Department of Emergency Medicine, may in exceptional circumstances, be exempt in whole or in part from requirements set out under 4.3(d)(i), 4.3(d)(ii) and 4.3(d)(iii) above, upon recommendation of the Medical Advisory Committee (MAC) and at the sole discretion of the Board.
- (e) (i) For Medical Staff appointed in the categories of Term or Supportive as outlined in Article 6 of these By-Laws practicing in a specialty recognized by the Royal College of Physicians and Surgeons of Canada must:
- (A) hold certification by the Royal College of Physicians and Surgeons of Canada and maintain membership a) by way of examination or b) academic equivalency or c) successfully completed a non-Canadian, Royal College of Physicians and Surgeons of Canada approved residency program, specialty examination and specialty certification, or
 - (B) at the discretion of the Board upon the advice of the Medical Advisory Committee and the recommendation of the City-Wide Credentials Committee, hold a restricted Certificate of Registration from the College of Physicians and Surgeons of Ontario issued

under the College of Physicians and Surgeons of Ontario's restricted Certificates of Registration policy;

- (ii) Medical Staff appointed in the categories of Term or Supportive as outlined in Article 6 of these By-Laws practicing as Family Physicians must
 - (A) hold certification by the College of Family Physicians of Canada or equivalent and maintain membership with the following exceptions;
 - a. Family physicians that graduated and commenced practice before 1994 are not required to have CCFP certification.
 - b. Family physicians that have attempted the CCFP examination and have not passed, who have a restricted certificate of registration, and who are intending to rewrite the exam.
 - c. All Family Physicians with Family Medicine hospital privileges must have active membership with the College of Family Physicians of Canada for purposes of meeting Continuing Medical Education Requirements.
 - (B) All Physicians who currently hold active Family Medicine hospital privileges at the time of requirements a. and b. above having been implemented, but who do not have an active CCFP certification and/or an active membership with the College of Family Physicians of Canada, may continue to hold Family Medicine hospital privileges subject to meeting Continuing Medical Education Requirements as outlined by the College of Physicians and Surgeons of Ontario; or
 - (C) at the discretion of the Board upon the advice of the Medical Advisory Committee and the recommendation of the City-Wide Credentials Committee, hold a restricted Certificate of Registration from the College of Physicians and Surgeons of Ontario issued under the College of Physicians and Surgeons of Ontario 's restricted Certificates of Registration policy;
- (iii) Medical Staff appointed in the categories of Term or Supportive as outlined in Article 6 of these By-Laws who are members in the Department of Emergency Medicine must
 - (A) hold either:
 - (I) certification by the Royal College of Physicians and Surgeons of Canada and maintain membership a) by way of examination or b) academic equivalency or c) successfully completed a non-Canadian, Royal College of Physicians and Surgeons of Canada approved residency

program, specialty examination and specialty certification,
or

- (II) certification in Emergency Medicine by the College of Family Physicians of Canada, or equivalent; or
- (B) at the discretion of the Board upon the advice of the Medical Advisory Committee and the recommendation of the City-Wide Credentials Committee, hold a restricted Certificate of Registration from the College of Physicians and Surgeons of Ontario issued under the College of Physicians and Surgeons of Ontario's restricted Certificates of Registration policy;
- (f) An applicant who is expected to participate in patient care will have demonstrated the ability to provide patient care at an appropriate level of quality and efficiency;
- (g) An applicant will be judged by:
 - (i) their demonstrated ability to work and co-operate with and relate to others in a collegial and professional manner;
 - (ii) their demonstrated ability to communicate and relate appropriately with patients and patients' relatives;
 - (iii) their willingness to participate in the discharge of staff, committee and, if applicable, teaching responsibilities and obligations appropriate to membership category;
 - (iv) if applicable, their interest and aptitude towards scholarly activities;
 - (v) their ethical performance and/or behaviour; and
 - (vi) if applicable, whether the applicant satisfactorily meets the College's requirements for continuing education;
- (h) The applicant must agree in writing to accept the Mission, Vision and Values statement and philosophy of the Hospital and to abide by the *Public Hospitals Act*, the Hospital's By-Laws, Rules and Regulations, Policies and ethical guidelines and the Hospital's Mission, Vision and Values;
- (i) The applicant must indicate to the City-Wide Credentials Committee adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgement with respect to the privileges and/or procedures requested and that, pursuant to clause 4.2(d)(xii) or 4.2(f)(v), as applicable, was disclosed to the City-Wide Credentials Committee by the Chief of Department;
- (j) All appointments will be consistent with community need defined by the strategic plan and mission of the Hospital; and
- (k) All new appointments will be contingent upon a full financial Impact Analysis demonstrating that the Hospital has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Credentialed Professional Staff Human Resources Plan.

4.4 Procedure for Processing Applications for Credentialed Professional Staff Appointments

- (a) The Chief Executive Officer, or delegate, on receipt of a completed application on the prescribed forms, will refer the application to the relevant Chief of the Department who shall make a recommendation to the City-Wide Credentials Committee;
- (b) The City-Wide Credentials Committee will investigate each application together with the qualifications and experience of the applicant. The City-Wide Credentials Committee will make a written report to the Medical Advisory Committee, having given consideration to the recommendation of the Chief of the relevant Department and, if applicable, the advice of the chair of the academic department. The City-Wide Credentials Committee will:
 - (i) review the application to ensure that it contains all the information required under Article 4.2 of this By-Law;
 - (ii) take into consideration whether the criteria set out in Article 4.3 of this By-Law have been complied with;
 - (iii) if applicable, take into consideration the impact, if any, that may result if the applicant does not hold an appointment in Schulich Medicine & Dentistry; and
 - (iv) include a statement of eligibility to appoint, or not appoint, the applicant.
- (c)
 - (i) Subject to clause (ii) below, the Medical Advisory Committee will receive and consider the application and report of the City-Wide Credentials Committee and send its recommendation in writing to the Board within sixty (60) days of the date of receipt by the applicant, or delegate of the completed application, as outlined in the *Public Hospitals Act*. The Medical Advisory Committee may make its recommendation to the Board later than sixty (60) days after the receipt of the completed application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and the applicant that a final recommendation cannot yet be made and includes written reasons for the delay; and
 - (ii) The applicant may, in the application, waive the sixty (60) day response time contained in clause (i) above.
- (d) Where the Medical Advisory Committee recommends to the Board that an application for appointment not be granted, it will give written notice to the applicant and the Board of its recommendation and the applicant will be given written notice that he/she is entitled to written reasons for the recommendation and a hearing before the Board pursuant to the provision of the *Public Hospitals Act* if such a hearing is required. The procedures to be followed are outlined in Schedule A, Section 5 of these By-Laws;
- (e) Where the Medical Advisory Committee recommends to the Board that an application for reappointment or any requested change in privileges not be granted, it will give written notice to the applicant and the Board of its recommendation and the applicant will be given written notice that he/she is

entitled to written reasons for the recommendation and a hearing before the Board pursuant to the provision of the *Public Hospitals Act* if such a hearing is required. The procedures to be followed are outlined in Schedule A, Section 1 of these By-Laws;

- (f) Where the Medical Advisory Committee recommends to the Board that an application for appointment, re-appointment or requested privileges not be granted, the Board shall not consider such recommendation of the Medical Advisory Committee until it is determined as to whether a hearing is required; and
- (g) Pursuant to section 37 of the *Public Hospitals Act*, the Board may refuse to appoint an applicant to the Credentialed Professional Staff.

4.5 Application for Change in Privileges or Procedural Privileges

- (a) Where a Credentialed Professional Staff Member wishes to change his or her Privileges, the Chief of a Department shall complete a form which shall be submitted to the Medical Advisory Committee listing the change of Privileges which is requested in advance of the change unless required earlier due to an urgent need;
- (b) The request shall be processed in accordance with the provisions of the *Public Hospitals Act*, and in consideration of the impact on Hospital resources of the requested change in status; and
- (c) Where a Credentialed Professional Staff Member wishes to change his or her Procedural Privileges, the Chief of a Department shall complete a form which shall be submitted to the Medical Advisory Committee listing the change of Procedural Privileges which are requested and evidence of appropriate training and competency along with the recommendation of the Chief of Department for approval by the Medical Advisory Committee.

4.6 Reappointment to the Credentialed Professional Staff

Application for Reappointment and Performance Review

- (a)
 - (i) Paragraph 4.2(a) shall apply to applications for reappointment with necessary changes to points of detail; and
 - (ii) The Chief Executive Officer, or delegate shall provide the applicant with any updates or amendments to the documentation listed in paragraph 4.2(b) implemented since the date of the applicant's most recent application⁸;
- (b) The Medical Advisory Committee shall establish and approve a process for the regular performance review of each Member of the Credentialed Professional Staff;

⁸ The Hospital's response may refer the applicant to the Hospital's website for some or all of the above information.

- (c) The applicant's application for reappointment shall contain the following:
- (i) a restatement, confirmation or declaration of the items requested in clauses 4.2(d)(i), (ii), (iii), (iv), (x) and (xviii);
 - (ii) either:
 - (A) a declaration that all information relating to clauses 4.2(d)(viii), (ix), (xii), (xiii) and (xiv) on file at the Hospital from the applicant's most recent application is up-to-date, accurate and unchanged as of the date of the current application; or
 - (B) a description of all material changes to the information requested in clauses 4.2(d)(viii), (ix), (xii), (xiii) and (xiv) on file at the Hospital since the applicant's most recent application;
 - (iii) an acknowledgement that the Hospital will be reviewing the information maintained by the College with respect to their Certificate of Registration that is publicly available and that the Applicant may be required to provide full disclosure as contemplated in clause 4.2(d)(vii), in the event that the information discloses new restrictions, referrals or findings;
 - (iv) a report from the Chief of Department reviewing the applicant's performance for the past year, which report shall contain information and evidence relating to the applicant's:
 - (A) regular performance review conducted in accordance with the process prescribed in paragraph 4.6(b);
 - (B) ability to communicate with patients and staff, together with information regarding patient or staff complaints regarding the applicant, if any;
 - (C) the applicant's health, relative to the ability to fulfill the role within the organization during the past year;
 - (D) the applicant's plans for any changes in type or level of service provided and reasons therefore;
 - (E) the applicant's retirement report beginning in the year in which a retirement date has been determined and updated each time there is an agreed upon change in conditions of their appointment. Retirement dates should be determined as far in advance as possible but no later than 12 months in advance of the appointee giving up their Active or Modified Active status in order to help with succession planning;
 - (F) the applicant's ability to work in a collegial manner with the Board, medical and administrative leadership, staff, students, other members of the Professional Staff, and volunteers within the Corporation;
 - (G) "on-call" responsibilities, if any;

- (H) staff and committee responsibilities;
 - (I) quality of care issues;
 - (J) discharge of clinical, teaching and research responsibilities;
 - (K) monitoring of patients, together with evidence of appropriate and completed clinical record documentation;
 - (L) appropriate and efficient use of Hospital resources;
 - (M) general compliance with the *Public Hospitals Act* and the Hospital's Mission, Vision and Values, the Hospital's By-Laws, Rules and Regulations, Policies and ethical guidelines;
 - (N) changes to the Member's affiliation with Schulich Medicine & Dentistry, if any; and
 - (O) such other information that the Board may require, from time to time, having given consideration to the recommendations of the Medical Advisory Committee;
- (v) where the Department has a Service of which the applicant is a Member, the Chief of the Service shall make a recommendation to the Chief of Department, which recommendation shall be considered by the Chief of Department in their report; and
 - (vi) where appropriate, the Chief of Department shall seek input from the appropriate Chair of the Department of Schulich Medicine & Dentistry;
- (d) Any application for reappointment in which:
- (i) the applicant requests a change to their Credentialed Professional Staff category; and
 - (ii) the Chief of Department believes that such a change is likely to increase demand on Hospital resources from the previous year,
- shall be subject to a credentialed professional staff human resources review, including a full financial impact assessment.
- (e) The applicant shall forward to the Chief Executive Officer, or delegate the application for reappointment. The Chief Executive Officer or delegate shall refer the application to the Chief of Department. Thereafter the procedure followed shall be the same procedure as set out in Article 4.4 of this By-Law, with necessary changes to points of detail;
 - (f) Where the applicant holds a University appointment, the Chief of Department will review the clinical and academic responsibilities and performance of the applicant, and the Chief of Department will make a recommendation on the appropriate division of the applicant's clinical and academic responsibilities to the Medical Advisory Committee, through the City-Wide Credentials Committee;

- (g) If, in the view of the Chief of Department, the applicant does not meet the previously agreed upon clinical and academic responsibilities, the Chief of Department may review the applicant's continuing Credentialed Professional Staff Appointment, and at the Chief of Department's discretion, may make an appropriate recommendation to the Medical Advisory Committee; and
- (h) The Board may, in accordance with the *Public Hospitals Act*, refuse to reappoint any applicant to the Credentialed Professional Staff on any grounds except those barred by legislation, including the following:
 - (i) the Department and/or Clinical Services, based on its Credentialed Professional Staff Human Resources Plan does not have sufficient resources;
 - (ii) the Chief of Department's recommendation contained in their report which reviews the applicant's performance for the previous year (clause 4.6(c)(iv));
 - (iii) if membership in either the Royal College of Physicians and Surgeons of Canada or the College of Family Physicians of Canada is required for appointment pursuant to section 4.3 of these by-laws, if the applicant has failed to hold and maintain in good standing, whether for failure to pay dues or otherwise, membership in the applicable College, and
 - (iv) the applicant's Clinical Academic appointment has been changed from full-time.

4.7 Amendments to Appointment Process

The appointment process the Hospital follows to approve the credentials of the Professional Staff may be amended in "exceptional circumstances" for limited periods of time. The determination of what constitutes exceptional circumstances, together with how the appointment process is to be amended, shall be approved by the Board.

ARTICLE 5 - SUSPENSION AND REVOCATION OF APPOINTMENT

5.1 Suspension/Revocation of Appointment

- (a) In circumstances where there are concerns about the conduct, performance or competence of a Member of the Credentialed Professional Staff, the Board may, at any time, in a manner consistent with the *Public Hospitals Act*, the By-Laws, Rules and Regulations, Policies and ethical guidelines and the Hospital's Mission, Vision and Values of the Corporation, dismiss, revoke, suspend, restrict or otherwise deal with the privileges of the Member. Notice of any suspension, revocation or restriction of privileges shall be given by the Chief Executive Officer, or delegate to the Registrar of the College within which the Member is registered and may be given to the Dean, Director, or similarly named officer of any educational institution in which the Member holds a cross appointment between that institution and the Hospital and to the Chief Executive Officer, or delegate of St. Joseph's Health Care, London;
- (b) **Immediate Action in Emergency Situations.** In circumstances where, in the opinion of the Chair of the Medical Advisory Committee, Vice President, Medical, the Chief of the relevant Department, Chief of Service or the Chief

Executive Officer, the conduct, performance or competence of a Member of the Credentialed Professional Staff exposes or is reasonably likely to expose patient(s), other Professional Staff or Hospital Staff to harm or injury, and immediate action must be taken to protect the individual(s), and no less restrictive measure can be taken, the Chief of Department, Chief of Service, Chair of the Medical Advisory Committee, Vice President, Medical or the Chief Executive Officer will take action. This may require immediate and temporary suspension of the appointment of the Member of the Credentialed Professional Staff with immediate notice to the Chief Executive Officer and Chair of the Medical Advisory Committee, pending the consideration of the suspension by the Medical Advisory Committee and the Board in keeping with the procedures outlined in Schedule A, Section 2 of this By-Law. In the event that the matter involves a Registered Nurse in the Extended Class Member of the Credentialed Professional Staff, the Chair of the Medical Advisory Committee, the Chief of Service, Vice President, Medical or Chief Executive Officer shall notify the Chief Nursing Executive; and

- (c) **Non-Immediate Mid-Term Action.** In circumstances where, in the opinion of at least two (2) of five (5) of the Chief of the relevant Department, Chief of Service, the Chair of the Medical Advisory Committee, Vice President, Medical and the Chief Executive Officer, the conduct, performance or competence of a Member of the Credentialed Professional Staff:
- (i) fails to comply with the criteria for annual reappointment; or
 - (ii) exposes or is reasonably likely to expose patient(s) or staff to harm or injury; or
 - (iii) is, or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital; or
 - (iv) is such that disciplinary action is taken by the College; or
 - (v) results in the Member's affiliation with Schulich Medicine & Dentistry being changed in any way or terminated; or
 - (vi) constitutes abuse; or
 - (vii) is, or is reasonably likely to be, detrimental to the Corporation's operations; or
 - (viii) has violated the *Public Hospitals Act*, or the By-Laws, Rules and Regulations, Policies and ethical guidelines and the Hospital's Mission, Vision and Values of the Corporation,

and immediate action is not required, then action may be initiated in keeping with the procedures in Schedule A, Section 3 of this By-Law.

ARTICLE 6 - CATEGORIES OF THE CREDENTIALLED PROFESSIONAL STAFF

6.1 Categories

- (a) The responsibilities of the Corporation for patient care, teaching and research make it necessary and appropriate to divide the Credentialed Professional Staff

into several different categories and to determine the privileges associated with these categories. The categories established are:

- (i) Active;
 - (ii) Associate Staff;
 - (iii) Modified Active;
 - (iv) Term;
 - (v) Locum Tenens;
 - (vi) Supportive;
 - (vii) Honorary;
 - (viii) Temporary;
 - (ix) Clinical Fellow; and
 - (x) such other categories as may be determined by the Board from time to time, having given consideration to the recommendations of the Medical Advisory Committee; and
- (b) Appointments to these categories will be consistent with the established Credentialed Professional Staff Human Resources Plan and may be subject to completion of an Impact Analysis.

6.2 Active Staff

- (a) Members of the Active Staff shall:
- (i) consist of those applicants appointed from time to time by the Board who are responsible for ensuring that an acceptable standard of care is provided to patients under their care;
 - (ii) be granted procedural privileges as approved by the Medical Advisory Committee, having given consideration to the recommendation of the Chief of Department and Medical Advisory Committee;
 - (iii) be granted admitting privileges as follows:
 - (A) a Physician or Midwife in the Active Staff category may be granted in-patient and/or out-patient admitting privileges, unless otherwise specified in their appointment to the Credentialed Professional Staff;
 - (B) a Dentist in the Active Staff category who is an oral and maxillofacial surgeon may be granted in-patient admitting and/or out-patient privileges, unless otherwise specified in their appointment to the Credentialed Professional Staff; and
 - (C) a Dentist in the Active Staff category may be granted in-patient admitting privileges in association with a Physician who is a

Member of the Credentialed Professional Staff with Active privileges and/or out-patient privileges, unless otherwise specified in their appointment to the Credentialed Professional Staff;

- (iv) be entitled to apply for annual reappointment as provided in this By-Law;
- (v) be eligible to attend and vote at meetings of the Credentialed Professional Staff Organization;
- (vi) be bound by the expectations for attendance, as established by the Medical Advisory Committee, at Credentialed Professional Staff Organization, Department and Service meetings;
- (vii) undertake such duties in respect of those patients classed as emergency cases, as may be specified by the Chief of a Department or the Chair of the Medical Advisory Committee;
- (viii) be bound by the performance expectations for reappointment as outlined in Article 4.6(c)(iv) of the Hospital By-Laws; and
- (ix) perform such other duties as may be prescribed by the Medical Advisory Committee from time to time.

6.3 Associate Staff

- (a) Members of the Associate Staff shall consist of physicians, dentists, midwives, or Registered Nurse in the Extended Class newly appointed to the Credentialed Professional Staff by the Board. This shall be for a period of twelve (12) months:
 - (i) each Associate Credentialed Professional Staff Member shall have admitting privileges unless otherwise specified in the appointment;
 - (ii) an Associate Credentialed Professional Staff Member shall work for a probationary period under the supervision of an Active Credentialed Professional Staff Member named by the Chief of the Department;
 - (iii) after six months, the Member of the Associate Staff shall be reviewed by the Chief of the Department who shall submit a written report to the Credentials Committee. Each report shall include information concerning the knowledge and skill which has been shown by the Associate Staff Member, the nature and quality of their work in the Hospital, including comments on the utilization of Hospital resources and the Associate Staff Member's ability to function in conjunction with the other members of the Hospital staff;
 - (iv) at the end of a twelve (12) month probationary Associate appointment, the Chief of the Department may recommend a change of status to the Active Staff category. As part of the change of status process, the Member of the Associate Staff shall be reviewed by the Chief of the Department who shall submit a written report to the Credentials Committee. Each report shall include information concerning the knowledge and skill which has been shown by the Associate Staff Member, the nature and quality of their work in the Hospital, including comments on the utilization of Hospital resources; the Associate Staff Member's ability to function in conjunction with the other

Members of the Hospital staff; and a statement indicating the category of Staff appointment for which the physician, dentist or midwife is being recommended;

- (v) any such change of status appointment to the Active Staff will be in effect only for the period of time remaining in the current appointment year and may be carried out without requirement of a written application for reappointment by the physician. Thereafter, the physician will complete written application for all further reappointments at the regularly scheduled times;
- (vi) if the report and recommendation made as part of the change of status process are not favourable to the Associate Staff Member, the Medical Advisory Committee may recommend an extension of the probationary Associate status not to exceed twelve (12) months;
- (vii) should the extended period of the Associate status be in effect beyond the date of the next annual reappointment time, the appointment as Associate status shall be deemed to continue until completion of the extended period or unless revoked by the Board as per Section 5.1;
- (viii) each report and recommendation as in subsection 6.3(a)(iii) and (iv) shall be reviewed by the City-Wide Credentials Committee of the Medical Advisory Committee;
- (ix) at any time, an unfavourable report may cause the Medical Advisory Committee to make a recommendation that the appointment of the Associate Credentialed Professional Staff Member be terminated;
- (x) the Chief of the Department, upon the request of an Associate Credentialed Professional Staff Member or a supervisor, may assign the Associate Credentialed Professional Staff Member to a different supervisor for a further probationary period; and
- (xi) an Associate Credentialed Professional Staff Member shall;
 - (A) attend patients, and undertake treatment and operative procedures under supervision only in accordance with the kind and degree of privileges granted by the Board;
 - (B) be subject to the Credentialed Professional Staff By-Laws, rules and regulations of the Hospital, and Hospital policies;
 - (C) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of the Department; and
 - (D) participate in an equal manner in the on-call rota unless otherwise exempted by the Credentialed Professional Staff Rules and Regulations.

6.4 Modified Active Staff

- (a) The Modified Active Staff category has been created by the Board to allow the Hospital to, as required by its Credentialed Professional Staff Human Resources Plan, approve privileges for Members of the Credentialed Professional Staff who with the agreement of the Chief of the Department, reduce their Departmental responsibilities and function within a reduced scope of practice and services agreed upon under Article 4.2(d)(ii)(A) of their initial appointment, or 4.6(c)(i) of their most recent reappointment provided that reduction in Departmental responsibilities and function within a reduced scope of practice can be accommodated by the Hospital and Department;
- (b) The Board's responsibility to ensure a succession plan for Members of its Credentialed Professional Staff may require that from time to time a Modified Active Staff Member's privileges may be further reduced, revoked or not renewed in favour of granting privileges to a new or existing Active Staff Member. Notice, in advance of the next reappointment cycle, will be given to the Modified Active Staff Member if their privileges will be altered. Role and access to Hospital resources will be based on need and availability of Hospital resources;
- (c) Members of the Modified Active Staff:
 - (i) shall consist of those Members appointed from time to time by the Board, who have reduced their Departmental responsibilities and function within a reduced scope of practice agreed upon by the Chief and maintain clinical and academic activities within the Corporation;
 - (ii) shall be bound by the performance expectations for reappointment as outlined in Article 4.6(c)(iv) of the Hospital By-Laws
 - (iii) shall be granted privileges as approved by the Board having given consideration to the recommendation of the Chief of Department and the Medical Advisory Committee;
 - (iv) shall be granted in-patient and/or out-patient admitting privileges, unless otherwise specified in their appointment to the Credentialed Professional Staff;
 - (v) shall be eligible to apply for annual reappointment;
 - (vi) shall be eligible to attend and vote at meetings of the Credentialed Professional Staff Organization; and
 - (vii) shall be bound by the expectations for attendance at Credentialed Professional Staff Organization, Department and Service meetings.

6.5 Term Staff

- (a) Term Staff will consist of applicants who may be granted admitting and/or procedural privileges as approved by the Board, having given consideration to the recommendation of the Chief of Department and the Medical Advisory Committee, in order to meet a specific clinical or academic need for a defined period of time not to exceed one (1) year. The specific clinical or academic

need(s) shall be identified by the Medical Advisory Committee and approved by the President and Chief Executive Officer of the Hospital. A Member may reapply for a term staff appointment, where such application is supported by the recommendation of the Chief of Department and the Medical Advisory Committee in order to meet a specific clinical need for a defined period of time not to exceed one (1) year;

- (b) Term Staff:
 - (i) may be required to work under the supervision of an Active Staff Member identified by the Chief of Department;
 - (ii) may be required to undergo a probationary period as appropriate and as determined by the Chief of Department;
 - (iii) shall, if replacing another Member of the Credentialed Professional Staff, attend that Credentialed Professional Staff Member's patients;
 - (iv) shall undertake such duties in respect of those patients classed as emergency cases and of out-patient department clinics as may be specified by the Chief of Department; and
 - (v) shall, unless otherwise specified in the grant of privileges by the Board, have admitting privileges; and
- (c) Term Staff will not normally, subject to determination by the Board in each individual case:
 - (i) be eligible for re-appointment;
 - (ii) attend or vote at meetings of the Credentialed Professional Staff or be an officer of the Credentialed Professional Staff or committee chair; and
 - (iii) be bound by the expectations for attendance at Credentialed Professional Staff, Departmental and Service meetings.

6.6 Locum Tenens

- (a) The Medical Advisory Committee may upon application by a Member of the Active Staff, recommend the appointment of a Locum Tenens as a planned replacement for such Member for a specified period of time, to be confirmed in a written agreement;
- (b) The credentials of each Locum Tenens shall be reviewed by the City-Wide Credentials Committee;
- (c) A Locum Tenens, subject to Board approval, shall:
 - (i) work under the counsel and supervision of the Member of the Active Staff named by the Chief of Department;
 - (ii) attend patients assigned to his or her care and shall treat such patients within the kind and degree of professional privileges granted to him or her

by the Board on the recommendation of the Medical Advisory Committee;
and

- (iii) undertake such duties in respect of those patients classed as emergency cases as may be specified by the Chief of Department or his or her delegate, to which the Locum Tenens has been assigned.

6.7 Supportive Staff

- (a) The Supportive Staff shall consist of those Members of the Credentialed Professional Staff who are granted privileges by the Board to provide support to patients and/or members of patients' families;
- (b) Supportive Staff:
 - (i) shall provide patients and their families with information and act as a liaison between the most responsible physician and the patient;
 - (ii) shall be eligible for annual reappointment as provided in these By-Laws;
 - (iii) may input information into the patient record and progress notes but shall not make or record any orders; and
 - (iv) shall be eligible to attend Department, Service and Credentialed Professional Staff Organization meetings;
- (c) Supportive Staff shall not:
 - (i) have admitting privileges or procedural privileges, or provide direct patient care or conduct clinical trials;
 - (ii) be eligible to hold an elected or appointed office or serve on committees of the Medical Advisory Committee; and
 - (iii) be eligible to vote or be bound by attendance requirements of Department, Service or Credentialed Professional Staff Organization meetings.

6.8 Honorary Staff

- (a) An individual may be honoured by the Board by an appointment to the Honorary Staff because of:
 - (i) former membership on the Credentialed Professional Staff; or
 - (ii) identification by the Board as an individual determined to be qualified for such appointment;
- (b) Members of the Honorary Staff shall:
 - (i) be eligible for annual reappointment as provided in these By-Laws; and
 - (ii) be eligible to attend Credentialed Professional Staff meetings;
- (c) An Honorary Staff Member will not:

- (i) be granted admitting or procedural privileges, or provide direct patient care;
- (ii) have regularly assigned clinical and administrative duties and responsibilities;
- (iii) vote at meetings of the Credentialed Professional Staff or be an officer of the Credentialed Professional Staff or be a Committee chair; and
- (iv) be bound by the expectations for attendance at Credentialed Professional Staff, Departmental and Service meetings.

6.9 Temporary Staff

- (a) A temporary appointment may be made only for one of the following reasons:
 - (i) to meet a specific singular clinical or academic requirement by providing a consultation and/or operative procedure; or
 - (ii) to meet an urgent expected need for a Professional service;
- (b) The Chief Executive Officer, or delegate after consultation with the Vice President, Medical or his or her delegate, on the recommendation of the Chief of Department may:
 - (i) grant temporary privileges to a Physician, Dentist, or Midwife who is not a Member of the Credentialed Professional Staff and subject to such privileges shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported;
 - (ii) on the recommendation of the Medical Advisory Committee at its next meeting, continue the temporary privileges until the next meeting of the Board; and
 - (iii) remove temporary privileges at any time prior to any action by the Board.

6.10 Clinical Fellow Staff

- (a) Clinical Fellow Staff appointed by the Board shall include the graduates in Medicine or Dentistry, appropriately qualified with an educational or independent Certificate of Registration issued by the College and registered by the Post-Graduate Education Office, Schulich Medicine & Dentistry or by another accredited University;
- (b) Clinical Fellow Staff who are part of the International Medical Graduates Program must undergo a Pre-Entry Assessment Program (PEAP) as outlined in the CPSO certificate.
- (c) Clinical Fellow Staff shall:
 - (i) be eligible to attend meetings of the Credentialed Professional Staff; and

- (ii) be required to work under the supervision and counsel of a Member of the Active, Modified Active, Associate, Term, or Locum Tenens Staff who shall hold an academic appointment at Schulich Medicine & Dentistry;
- (d) Clinical Fellow Staff shall not:
 - (i) assume responsibility for the care of patients without supervision and counsel by a Member of the Active Staff unless an Active Staff Member agrees to accept responsibility for the aforementioned;
 - (ii) have admitting privileges;
 - (iii) be eligible to hold an elected or appointed office or serve on committees of the Medical Advisory Committee; and
 - (iv) be eligible to vote or be bound by attendance requirements of Department, Service and Credentialed Professional Staff Organization meetings.

6.11 Retirement of Credentialed Professional Staff

- (a) Credentialed Professional Staff Members will be eligible for appointment to the Credentialed Professional Staff until such time as the Member reaches their predetermined retirement date. Retirement dates should be determined as far in advance as possible and no later than 12 months in advance of the appointee giving up their current status in order to help with succession planning. Upon reaching a retirement date, the Member of the Credentialed Professional Staff, may:
 - (i) retire; or
 - (ii) apply for appointment to the Honorary Staff.

ARTICLE 7 - DEPARTMENTS AND THEIR CHIEFS

7.1 Credentialed Professional Staff Departments

- (a) The Credentialed Professional Staff will be organized into the following Departments:
 - (i) Anesthesia and Perioperative Medicine;
 - (ii) Clinical Neurological Sciences;
 - (iii) Dentistry;
 - (iv) Emergency Medicine;
 - (v) Family Medicine;
 - (vi) Medical Imaging;
 - (vii) Medicine;

- (viii) Midwifery;
 - (ix) Obstetrics and Gynaecology and Reproductive Medicine;
 - (x) Oncology;
 - (xi) Ophthalmology;
 - (xii) Otolaryngology – Head and Neck Surgery;
 - (xiii) Paediatrics;
 - (xiv) Pathology and Laboratory Medicine;
 - (xv) Physical Medicine and Rehabilitation;
 - (xvi) Psychiatry; and
 - (xvii) Surgery;
- (b) Each Credentialed Professional Staff Member will be appointed to a minimum of one of the Departments. Appointment may extend to one (1) or more additional Departments. These cross appointments are dependent on educational preparation, interest and working affiliation with members of other Departments and the Credentialed Professional Staff Human Resources Plans of the Departments;
- (c) The Board, having given consideration to the recommendation of the Chair of the Medical Advisory Committee, following consultation with the Medical Advisory Committee, St. Joseph's Health Care, London, and the University, may at any time create or disband or otherwise rearrange Departments, Programs or Services as may be required;
- (d) The Board, having given consideration to the recommendation of a search committee appointed pursuant to Article 7.3 of this By-Law, will appoint a Chief of each Department;
- (e) Each Department shall hold a minimum of four (4) meetings as recommended by the Medical Advisory Committee in each fiscal year and maintain a written record of such meetings together with a record of attendance;
- (f) Members of the Active, Associate, Modified Active and Term Staff shall attend a minimum number of the regular meetings of the Department(s), as set out in policy, with which they are associated;
- (g) The primary purpose of the meetings will be to bring under regular and continuous review and assessment the effectiveness of all services being rendered by the Department, including an assessment of the quality of care being provided by the Department; and
- (h) Department meetings of a clinical teaching type may not serve in lieu of the required regular meetings.

7.2 Services in a Department

- (a) At any time, a Chief of Department may present to the Medical Advisory Committee for its approval a proposed departmental service structure to which Members of the Credentialed Professional Staff will be assigned; and
- (b) Within the departmental leadership structure, the Chief of Department may assign a Member of the Active Staff to be the Chief of a Service in accordance with the process set out in Article 7.5.

7.3 Appointment of Chiefs of Department

- (a)
 - (i) Subject to a determination to the contrary by the Board, a Physician who is a Member of the Active Staff and who holds an appointment in Schulich Medicine & Dentistry shall be eligible to be appointed as a Chief of a Department and further to the recommendation of the Medical Advisory Committee and determination by the Board a Physician who is a Member of the Active Staff without appointment in Schulich Medicine & Dentistry may be eligible to be appointed as Chief of a Department. Notwithstanding any other provisions contained in this By-Law, the appointment of the Chief of Department may be revoked at any time by the Board;
 - (ii) A Dentist who is a Member of the Active Staff and holds an appointment in Schulich Medicine & Dentistry shall be eligible to be appointed as Chief of the Department of Dentistry. Further to the recommendation of the Medical Advisory Committee and determination by the Board, a dentist who is a Member of the Active Staff and who does not hold an appointment in Schulich Medicine & Dentistry may be eligible to be appointed as Chief of the Department of Dentistry. Notwithstanding any other provisions contained in this By-Law, the appointment of the Chief of Dentistry may be revoked at any time by the Board.; and
 - (iii) A Midwife who is a Member of the Active Staff may be appointed as the Chief of the Department of Midwifery. Notwithstanding any other provisions contained in this By-Law, the appointment of the Chief of the Department may be revoked at any time by the Board;
- (b) Save and except for the Chief of Midwifery, all newly appointed or reappointed Chiefs of Department shall, with the Board's approval, except under exceptional circumstances, have an academic appointment;
- (c) Where a physician or dentist who is a Member of the Active Staff and holds an appointment in Schulich Medicine & Dentistry has been appointed Chief of Department and where such physician or dentist withdraws from their academic appointment or where their academic status has been reduced or lost, the appointment of the Chief of the Department may be revoked at any time by the Board;
- (d) Subject to the results of the annual performance evaluations and their reappointment to the Credentialed Professional Staff, Chiefs of Department will be eligible to serve two (2) consecutive five (5) year terms;

- (e) Under exceptional circumstances, such as when a suitable replacement cannot be found at that time, a search committee appointed at the end of the second five (5) year term may, after review of all external and internal candidates, recommend that the incumbent's term be extended and, in addition, recommend the length of time of the extension;
- (f) Notwithstanding the above described lengths of tenure of position, a Chief of a Department may hold office until a successor is appointed;
- (g) In the event of a vacancy of a Chief of Department, the Board will direct the Medical Advisory Executive Committee to establish a committee to undertake a search for the express purpose of recommending a candidate for the vacant position. The committee will conduct the search and make a recommendation through the Chair of the Medical Advisory Committee to the Board. The work of the committee will include, but not be limited to, establishing criteria to be used in the selection, making a decision between a local or a national/international search, overseeing the process to obtain candidates, interviewing candidates and agreeing on a process by which to make a final recommendation. Every effort will be made by the Hospital to work collaboratively with Schulich Medicine & Dentistry in conducting the search;
- (h) In the event of a vacancy or extended unplanned absence, an interim Chief of a Department will be appointed. The Vice-President Medical in consultation with the CEO will temporarily appoint an interim Chief and make a recommendation to the MAC for consideration at their next scheduled meeting. The temporary Interim Chief appointment will remain in place until the MAC makes a recommendation to the Board for the appointment of an interim Chief of a Department at their next scheduled meeting.
- (i) The search committee will be composed of the following members:
 - (i) The Vice President, Medical or delegate, who will serve as Chair
 - (ii) at least two (2) Credentialed Professional Staff representatives of the Department for which the Chief of Department is being sought;
 - (iii) up to three (3) representatives appointed by the Dean;
 - (iv) the Chief Executive Officer or delegate;
 - (v) The Vice President of the associated department, or delegate;
 - (vi) a representative of the Board, appointed by the Board;
 - (vii) Physician representatives from a minimum of two (2) Departments that work closely with the Chief of Department, one (1) of whom shall be a member of the Medical Advisory Committee; and
 - (viii) the Chair of the Medical Advisory Committee, or delegate; and
- (j) The search committee shall be entitled to recommend that an individual hold both the chair of an academic department and Chief of Department offices.

7.4 Duties of Chiefs of Department

- (a) Through the Chair of the Medical Advisory Committee, the Chief of the Department is responsible to the Board for the quality of clinical care provided by the Credentialed Professional Staff to all patients by members of the Department;
- (b) Through the Vice-President, Medical, the Chief of the Department is responsible to the Chief Executive Officer for all matters with respect to the administration of the Department;
- (c) Through the Chief Medical Officer, the Chief of the Department is responsible to the Chief Executive Officer for all matters with respect to the clinical operations of the department.
- (d) The Chief of Department, in consultation with the chair of the corresponding academic department, the Post-Graduate and Undergraduate Program Directors, and the Vice President, Medical shall be accountable through the Chief Executive Officer to the Board for the quality of the education programs offered by the Department;
- (e) The Chief of Department, in consultation with the chair of the corresponding academic department and the Vice President, Research, shall be accountable through the Chief Executive Officer for the:
 - (i) promoting and conducting of research undertaken by members of the Department;
 - (ii) following of Hospital and community guidelines for research policy; and
 - (iii) following of policy and procedures of the Research Institute;
- (f) The Chief of Department is responsible for keeping the office of the Vice President, Research fully informed with respect to any research program or proposal to be undertaken in the Department;
- (g) The Chief of Department will collaborate with the Hospital in the management of any complaint relating to a member of the Department;
- (h) So as to carry out the clinical, academic, and administrative responsibilities of a Chief of Department in concert with other related Departments, the Chief of Department shall receive reports of Credentialed Professional Staff standing and ad hoc committees and work with other Chiefs of Department in collaboration with Medical Leaders, Vice Presidents — Clinical Services and the Senior Leadership Team in forming and recommending policy to the Board;
- (i) As a member of the Medical Advisory Committee, the Chief of Department is responsible to ensure that the *Public Hospitals Act*, and the By-Laws, Rules and Regulations, Policies and ethical guidelines and the Hospital's Mission, Vision and Values, the Credentialed Professional Staff, the Medical Advisory Committee and the Department are complied with by all members of the Department;

- (j) The Chief of Department is responsible for forming, revising and interpreting departmental policy to all departmental members with a special emphasis on the need for orientation and policy interpretation to new members of the Department;
- (k) The Chief of each Department is responsible for providing to the Medical Advisory Committee, for its review and approval, a report outlining the departmental clinical and academic responsibilities of the Credentialed Professional Staff as required by the Medical Advisory Committee;
- (l) The Chief of Department is responsible for ensuring that the resources of the Hospital allocated for the Department are appropriately distributed among the members of the Department;
- (m) The Chief of Department is responsible for reviewing the reapplication for privileges on an annual basis and participating in the Career Development Performance process, to ensure completion, as defined by the Hospital. This includes the advice of the chair of the corresponding academic department, Vice President Medical, the Chair of the Medical Advisory Committee and Medical Leaders;
- (n) In addition to duties included elsewhere in this By-Law, with Department members' assistance, duties of the Chief of Department include:
 - (i) developing, with the Vice President, Medical, Chief Medical Officer (CMO), and Vice President(s) — Clinical Services and with the advice of the chair of the corresponding academic department and St. Joseph's Health Care, London, the Department's goals, objectives and strategic plan including a Credentialed Professional Staff Human Resources Plan;
 - (ii) participating in the organization and implementation, with the Vice President, Medical, Chief Medical Officer (CMO), Vice President(s) — Clinical Services, and Medical Leaders of clinical utilization management review within the Department;
 - (iii) participating in the development with the Vice President, Medical, Chief Medical Officer (CMO), Vice President(s) — Clinical Services and Medical Leaders, through the Joint Professional Staff Human Resources Committee (JPSHRC), and with the advice of the chair of the corresponding academic department, and St. Joseph's Health Care, London, of a recruitment plan, including a full financial Impact Analysis, in keeping with the approved Credentialed Professional Staff Human Resources Plan of the Department;
 - (iv) with the advice of the corresponding academic department chair, developing with newly appointed members of the Department a mutually agreed upon accountability statement related to items of patient care and academic responsibility which serve as the basis for individual Members' annual evaluation; and
 - (v) developing and maintaining a process to both promote and document quality management improvements in the Department including a continuous learning process of members of the Department;

- (o) The duties of the Chief of Department will also include the responsibility for discipline of Department members in regard to matters of patient care, Credentialed Professional Staff and employee relations, academic responsibilities with the advice of the chair of the corresponding academic department, co-operation with Hospital employees, and documentation of care;
- (p) The Chief of Department shall appoint an acting Chief of Department to act on their behalf during temporary absence or in situations where temporary assistance in the duties of the Chief is required;
- (q) The Chief of Department has the authority to require any member of the Department to provide evidence of their competency with respect to a particular clinical act, procedure, treatment or operation being performed by the member of the Department in the Hospital; and
- (r) The Chief of Department shall also perform such other duties as are assigned by the Board or Medical Advisory Committee from time to time.

7.5 Appointment of Chiefs of Services

- (a) Chiefs of Services may be division specific, site specific, or function specific, as deemed necessary by the Chief of Department;
- (b) The Chief of Department is responsible to the Medical Advisory Committee and the Vice President, Medical for both the service leadership structure and the specific individuals within that proposed structure;
- (c) At the discretion of a Chief of Department, a division or site chief, or both, may be appointed. An open nomination process shall be used, and a selection committee established to consider the nominees and make a recommendation to the Department Chief. The Chief of Department, in appointing Chiefs of Services, will demonstrate a process of consultation within the Department (and if appropriate, between Departments), with Programs and, if applicable, with Schulich Medicine & Dentistry. The appointment process and job description for each position will be set out in departmental policies;
- (d) Subject to the results of the annual performance evaluations and their reappointment to the Credentialed Professional Staff, division and/or site chiefs will be eligible to serve a maximum of two (2) consecutive five (5) year terms. At the election of a department, the terms may be shorter in duration, but the time served cannot exceed ten (10) consecutive years;
- (e) Under exceptional circumstances, such as when a suitable replacement cannot be found at that time, the Chief of Department may recommend that the incumbent's term be extended and, in addition, recommend the length of time of the extension. The Chief of a Department's recommendation will be approved by a majority of the selection committee; and
- (f) Notwithstanding the above described lengths of tenure of position, a Chief of Services may hold office until a successor is appointed.

7.6 Duties of Chiefs of Services

The Chief of a Service is the delegate of the Chief of the Department. As such, the Chief of the Service has responsibilities and duties similar to those of the Chief of the Department. Duties of Chiefs of Service will vary across and within departments. Such duties will focus on the quality of care and operation of the Service and the specific subspecialty practised through that Service. Such positions will be accountable to the Department Chief to support and/or direct the activities of the division, site or program.

7.7 Performance Evaluation of Chiefs of Services

Chief of Service appointments will be subject to annual performance evaluation by the Chief of Department.

ARTICLE 8 - MEDICAL ADVISORY COMMITTEE

8.1 Composition of Medical Advisory Committee

- (a) The Medical Advisory Committee shall consist of the following voting members:
 - (i) the President, Vice President and Secretary of the Credentialed Professional Staff;
 - (ii) the immediate Past Chair of the Medical Advisory Committee for a two (2) year term upon the completion of their duty as Chair of the Medical Advisory Committee and shall serve in an advisory capacity to the current Chair of the Medical Advisory Committee;
 - (iii) the Chiefs of Department, who are physicians or dentists, or delegate;
 - (iv) such other Members of the Credentialed Professional Staff who are physicians as may be appointed by the Medical Advisory Committee from time to time; and
 - (v) the Physicians appointed by the Board who shall serve as Chair and Vice Chair of the Medical Advisory Committee;
- (b) The following shall have a right of attendance at meetings of the Medical Advisory Committee as non voting members:
 - (i) the Chief Executive Officer;
 - (ii) the Chief Medical Officer;
 - (iii) the Vice President, Medical
 - (iv) the Chief Nursing Executive
 - (v) the Director, Medical Affairs;
 - (vi) the Dean or delegate;
 - (vii) the Chief of Midwifery; and
 - (viii) the Vice President, Quality;

- (c) The Chair of the Board or delegate shall have a standing invitation to attend meetings of the Medical Advisory Committee, without a vote, and shall be copied on all Medical Advisory Committee correspondence as required;
- (d) The Vice President, Research or delegate, shall have a standing invitation to attend meetings of the Medical Advisory Committee, without a vote, and shall, unless the Chair declares otherwise, be copied on all Medical Advisory Committee correspondence;
- (e) The Chief and Medical Director Critical Care shall have a standing invitation to attend meetings of the Medical Advisory Committee, without a vote, and shall be copied on all Medical Advisory Committee correspondence; and
- (f) The Division Chief of Nuclear Medicine shall have a standing invitation to attend meetings of the Medical Advisory Committee, without a vote, until June 30, 2021 and shall be copied on all Medical Advisory Committee correspondence; and
- (g) The Medical Advisory Committee may invite such other person or persons as it may determine from time to time to attend any or all of its meetings, but such invited person(s) shall not have voting privileges.

8.2 Accountability of Medical Advisory Committee

The Medical Advisory Committee is accountable to the Board, in accordance with the *Public Hospitals Act*.

8.3 Medical Advisory Committee Duties and Responsibilities

The Medical Advisory Committee shall:

- (a) make recommendations to the Board concerning the following Credentialed Professional Staff matters:
 - (i) every application for appointment or reappointment to the Credentialed Professional Staff;
 - (ii) the privileges to be granted to each Member of the Credentialed Professional Staff;
 - (iii) By-Laws respecting any Credentialed Professional Staff;
 - (iv) the dismissal, suspension or restrictions of privileges of any Member of the Credentialed Professional Staff;
 - (v) the quality of care provided in the Hospital by the Credentialed Professional Staff; and
 - (vi) the clinical and general rules regarding the Credentialed Professional Staff;
- (b) despite clauses 8.3(a)(i), (ii) and (iv), the duties of the Medical Advisory Committee described in those clauses that relate to the Registered Nurse in the Extended Class of the Hospital shall be performed only with respect to those members of the Registered Nurse in the Extended Class who are not

- employees of the Hospital and to whom the Board has granted privileges to diagnose, prescribe for or treat out-patients in the Hospital;
- (c) supervise the practice of the Credentialed Professional Staff;
 - (d) appoint the Credentialed Professional Staff Members to all committees of the Medical Advisory Committee;
 - (e) receive reports of the committees of the Medical Advisory Committee;
 - (f) receive reports from the appropriate senior leader relating to the Medical Advisory Committee's oversight of the Hospital's research, education related programs and other activities as they may impact quality of care provided by the Credentialed Professional Staff;
 - (g) assist and advise the Board and the Chief Executive Officer in carrying out the requirements of the University Affiliation Agreement as they apply to the Credentialed Professional Staff;
 - (h) advise the Board on any matters referred to the Medical Advisory Committee by the Board;
 - (i) upon the recommendation of the Chief of each Department, consider and approve the departmental clinical and academic responsibilities of the Credentialed Professional Staff; and
 - (j) facilitate the development and maintenance of Rules and Regulations, Policies, ethical guidelines and procedures of the Credentialed Professional Staff.

8.4 Medical Advisory Committee Meetings

- (a) The Medical Advisory Committee shall hold at least ten (10) meetings each year and keep minutes of such meetings;
- (b) The Hospital shall provide administrative support for the Medical Advisory Committee;
- (c) Quorum shall be 50% plus one (1) of the voting membership;
 - (i) There will be no voting by proxy;
 - (ii) Regrets from voting members do not alter quorum requirements;
- (d) Absentee voting members may cast their vote for approval of the Consent Agenda, provided approval is sent electronically to the Chair of the Medical Advisory Committee or delegate no later than five (5) hours prior to the meeting; and
- (e) When tabled motions are applicable to one organization only (London Health Sciences Centre or St. Joseph's Health Care, London), a vote shall be taken only among the voting members of that organization.

8.5 Establishment of Committees of the Medical Advisory Committee

- (a) The Medical Advisory Committee shall establish:
 - (i) a Medical Advisory Executive Committee;
 - (ii) City-Wide Credentials Committee; and
 - (iii) such other standing and special committees as may be necessary from time to time to comply with their duties under the *Public Hospitals Act* or the By-Laws of the Hospital or as they may deem appropriate from time to time.

8.6 Rules of Procedure

The terms of reference for any committees formed under sub-article 8.5(a)(iii) are as described in a separate policy entitled: "Medical Advisory Committee – Subcommittees – Terms of Reference".

8.7 Composition of Medical Advisory Executive Committee

- (a) The Medical Advisory Executive Committee shall be composed of the following voting members:
 - (i) the Chair of the Medical Advisory Committee, who will serve as chair;
 - (ii) the Vice Chair of the Medical Advisory Committee;
 - (iii) the President and Vice President of the Credentialed Professional Staff Organization;
 - (iv) the immediate Past-Chair of the Medical Advisory Committee for a two (2) year term upon the completion of their duty as Chair of the Medical Advisory Committee who shall serve in an advisory capacity to the current Chair of the Medical Advisory Committee;
 - (v) one of the Chief, Department of Medicine or Chief, Department of Surgery;
 - (vi) two (2) members of the Medical Advisory Committee appointed by the Medical Advisory Committee;
- (b) The following members shall have a right of attendance at meetings of the Executive Committee of the Medical Advisory Committee as non voting members:
 - (i) the Chief Executive Officer;
 - (ii) the Chief Medical Officer;
 - (iii) the Vice President, Medical;
 - (iv) the Chief Nursing Executive; and
 - (v) the Director, Medical Affairs;

- (c) Membership shall be reviewed by the Medical Advisory Committee on an annual basis. The term of office for members appointed under Article 8.7(a) (vi) shall be a two (2) year term renewable once.;
- (d) The Vice President, Research shall have a standing invitation to attend meetings of the Medical Advisory Executive Committee, without a vote, and shall, unless, the chair declares otherwise, be copied on all Medical Advisory Committee correspondence; and
- (e) The Medical Advisory Executive Committee may invite such other person or persons as it may determine from time to time to attend any or all of its meetings, but such invited person(s) shall not have voting privileges.

8.8 The Medical Advisory Executive Committee Duties and Responsibilities

The Medical Advisory Executive Committee shall:

- (a) receive, consider and act upon the report of the standing and ad hoc committees of the Medical Advisory Committee;
- (b) identify the Medical Advisory Committee's information needs and priorities, and plan its agenda so as to optimize committee members' time and skills;
- (c) facilitate communication between the Credentialed Professional Staff and the Corporation;
- (d) meet monthly in preparation for the Medical Advisory Committee meeting and/or at the call of the Chair of the Medical Advisory Committee;
- (e) perform the role of the Medical Advisory Committee in matters of administrative urgency, reporting their actions at the next meeting of the Medical Advisory Committee and the Board; and
- (f) perform such other duties as may be assigned by the Medical Advisory Committee.

8.9 Composition of the City-Wide Credentials Committee

- (a) The City-Wide Credentials Committee shall be composed of:
 - (i) A Past-Chair, of the Medical Advisory Committee for each London Health Sciences Centre and St. Joseph's Health Care, London, or delegate appointed by the Medical Advisory Committee;
 - (ii) one (1) physician delegate appointed by the Medical Advisory Committee, London Health Sciences Centre and one (1) physician delegate appointed by the Medical Advisory Committee, St. Joseph's Health Care, London;
 - (iii) up to four (4) physician representatives appointed by the Credentialed Professional Staff Organization, London Health Sciences Centre and the Credentialed Professional Staff Organization, St. Joseph's Health Care, London;

- (iv) Physician, appointed by the Medical Advisory Committee who shall serve as Chair, selected from the Active and Modified Active Credentialed Professional Staff;
 - (v) the Vice President, Medical (non-voting); and
 - (vi) the Director, Medical Affairs, (non-voting).
- (b) The appointment of the Chair of the City-Wide Credentials Committee shall be for a term of two (2) years, which term shall be renewable once
 - (c) Committee membership appointments for Physician delegates and Physician representatives shall be for a maximum period of three years and are renewable once;
 - (d) The City-Wide Credentials Committee shall meet monthly, with the exception of the month of August;
 - (e) Special Meetings of the City-Wide Credentials Committee shall be called at the discretion of the Chair; and
 - (f) Quorum of the City-Wide Credentials Committee shall be fifty (50%) percent, plus one (1).

8.10 City-Wide Credentials Committee Duties and Responsibilities

- (a) review the application to ensure that it contains all the information required under Article 4.2 of this By-Law;
- (b) take into consideration whether the criteria set out in Article 4.3 of this By-Law have been complied with;
- (c) if applicable, take into consideration the impact, if any, that may result if the applicant does not hold an appointment in Schulich Medicine & Dentistry; and
- (d) include a recommendation to appoint, or not appoint, the applicant.

ARTICLE 9 - CHAIR AND VICE-CHAIR OF THE MEDICAL ADVISORY COMMITTEE

9.1 Appointment of the Chair and Vice-Chair of the Medical Advisory Committee

- (a) The Chair and Vice Chair of the Medical Advisory Committee will be appointed by the Board, from the Physician members of the Medical Advisory Committee, after considering the recommendation of the Medical Advisory Committee.
- (b) The Board of Directors shall constitute a Selection Committee to select the Chair and Vice-Chair of the Medical Advisory Committee. The Selection Committee shall be supported by the Integrated Vice President, Medical Affairs, and shall consist of not more than seven members, consisting of equal numbers of elected Directors, senior leaders, and up to three voting members of the Medical Advisory Committee.

9.2 Term of Office

- (a) The appointment of the Chair and Vice-Chair of the Medical Advisory Committee shall each be up to a maximum two (2) year term; and
- (b) The Board may appoint the Chair and Vice-Chair for up to a maximum of one additional two (2) year term upon considering such a recommendation by the Medical Advisory Committee.
- (c) The Board, in consultation with the Medical Advisory Committee, may extend the term of the Chair or Vice-Chair of the Medical Advisory Committee for a period of up to one term in 'exceptional circumstances'. The determination of what constitutes 'exceptional circumstances' and the length of the extension shall be determined by the Board. Any such extension shall be approved by simple Board majority.

9.3 Responsibilities and Duties of Chair of the Medical Advisory Committee

- (a) The Chair of the Medical Advisory Committee is accountable to the Board for two (2) major responsibilities:
 - (i) The Chair of the Medical Advisory Committee working in collaboration with the Chief Medical Officer is responsible for the quality of care by overseeing and facilitating the work of the Chiefs of Department in carrying out their collective and individual responsibilities for the quality of clinical care provided by the Credentialed Professional Staff to all patients; and
 - (ii) The Chair of the Medical Advisory Committee is responsible for chairing the Medical Advisory Executive Committee, and the Medical Advisory Committee. In chairing, it is also the responsibility of the Chair of the Medical Advisory Committee to report regularly to the Board on the work and recommendations of the Medical Advisory Committee and its component parts and subcommittees, and similarly to the Medical Advisory Committee, and its component parts and subcommittees, on the decisions and actions of the Board as appropriate; and
- (b) In addition, the Chair of the Medical Advisory Committee has the following other specific duties:
 - (i) The Chair of the Medical Advisory Committee will be an ex-officio non-voting member of the Board and a voting member of such committees of the Board as provided in the By-Laws, and such other committees as determined by the Board from time to time;
 - (ii) The Chair of the Medical Advisory Committee will be an ex-officio member of all committees established by the Medical Advisory Committee and as such may attend at their discretion;
 - (iii) Through the Chiefs of Department, the Chair of the Medical Advisory Committee ensures adequate supervision and counsel of any Member of the Credentialed Professional Staff for any period of time when:

- (A) a Physician, Dentist, Midwife or Registered Nurse in the Extended Class begins practice at the Corporation or is learning a new procedure; and
 - (B) concerns arise about the quality of care of a specific Physician, Dentist, Midwife or Registered Nurse in the Extended Class;
- (iv) Through the Chief of a Department, the Chair of the Medical Advisory Committee, in consultation with the Vice President, Medical, when necessary, may assume from or assign to any other Member of the Credentialed Professional Staff responsibility for the direct care and treatment of any patient of the Corporation under the authority of the *Public Hospitals Act*, and shall notify the responsible Credentialed Professional Staff Member, Chief Executive Officer, and, if possible, the patient of this reassignment of care;
 - (v) The Chair of the Medical Advisory Committee shall participate in the annual performance review of Chiefs of Departments in collaboration with the Vice President, Medical;
 - (vi) The Chair of the Medical Advisory Committee will liaise with the Dean, the Chair of the Medical Advisory Committee of St. Joseph's Health Care, London, the Vice President, Medical, as appropriate;
 - (vii) The Chair of the Medical Advisory Committee in consultation with the Vice President, Medical and Chief of Department, may be involved in the following up on matters of patient care, academic responsibilities or conflicts with Hospital employees and Credentialed Professional Staff Members. Similarly, the duties include implementing procedures to monitor and ensure Credentialed Professional Staff compliance with the *Public Hospitals Act*, the Hospital's By-Laws, Rules and Regulations, Policies, ethical guidelines and the Hospital's Mission, Vision and Values and practice of the staff; and
 - (viii) The Chair of the Medical Advisory Committee, with the support of Medical Affairs, shall ensure an effective mentorship process is in place to support succession planning and the incoming Chair.
- (c) The Chair of the Medical Advisory Committee shall be subject to annual performance evaluation by the Board of Directors.

9.4 Responsibilities and Duties of the Vice-Chair of the Medical Advisory Committee

- (a) The Vice-Chair of the Medical Advisory Committee:
 - (i) may in the absence of the Chair of the Medical Advisory Committee, attend Board meetings; and
 - (ii) shall assist the Chair of the Medical Advisory Committee in fulfilling their responsibilities as may be required and mutually agreed upon.

- (b) The Vice-Chair of the Medical Advisory Committee shall be subject to annual performance evaluation by the Board of Directors.

ARTICLE 10 - MEETINGS OF THE CREDENTIALLED PROFESSIONAL STAFF ORGANIZATION

10.1 Annual Meeting of the Credentialed Professional Staff Organization

- (a) An annual meeting will be held once in every calendar year;
- (b) Written notification of the annual meeting will be distributed at least ten (10) days in advance of the date of the meeting; and
- (c) The order of business at the annual meeting of the Credentialed Professional Staff Organization will be:
 - (i) call to order;
 - (ii) minutes of the previous meeting;
 - (iii) business arising from the minutes;
 - (iv) report of the Medical Advisory Committee;
 - (v) reports of the elected officers of the Credentialed Professional Staff;
 - (vi) election of officers for the following year;
 - (vii) fix a time and place for the next annual meeting, and the meetings of the Credentialed Professional Staff before the next annual meeting; and
 - (viii) adjournment.

10.2 Regular Meetings of the Credentialed Professional Staff Organization

- (a) At least four (4) meetings of the Credentialed Professional Staff Organization will be held in conformity with the Hospital Management Regulation under the *Public Hospitals Act*, one of which will be the annual meeting; and
- (b) A written notification of each regular meeting will be distributed by the Secretary of the Credentialed Professional Staff Organization at least forty-eight (48) hours prior to each regular meeting.

10.3 Special Meetings of the Credentialed Professional Staff Organization

- (a) In cases of emergency, as determined by the President of the Credentialed Professional Staff Organization, the President of the Credentialed Professional Staff Organization may call a special meeting of the Credentialed Professional Staff Organization;
- (b) Special meetings will be called by the President of the Credentialed Professional Staff Organization on the written request of any twenty (20) Members of the Active or Modified Active Staff;

- (c) Notice of any special meeting will be as required for a regular meeting, except in cases of emergency, and will state the nature of the business for which the special meeting is called;
- (d) The usual period of time required for giving notice of any special meeting will be waived in cases of emergency, subject to ratification of this action by the majority of those Members present voting at the special meeting as the first item of business of the meeting.

10.4 Quorum

Twenty (20) Credentialed Professional Staff Members entitled to vote (Active or Modified Active) will constitute a quorum at any annual or regular meeting of the Credentialed Professional Staff Organization, and forty (40) Credentialed Professional Staff Members entitled to vote will constitute a quorum at any special meeting of the Credentialed Professional Staff Organization.

ARTICLE 11 - CREDENTIALLED PROFESSIONAL STAFF ORGANIZATION ELECTED OFFICERS

11.1 Eligibility for Office

Only physician Members of the Active and Modified Active Credentialed Professional Staff may be elected to any position or office of the Credentialed Professional Staff Organization, as established by this By-Law.

11.2 Election Procedures of Officers of the Credentialed Professional Staff Organization

- (a) Election of the officers of the Credentialed Professional Staff Organization will be by electronic ballot;
- (b) At least thirty (30) days before the annual meeting of the Credentialed Professional Staff Organization, the nominating committee, composed of the current Elected Officers of the Credentialed Professional Staff Organization, will, by email, call for nominations from the physician Members of the Credentialed Professional Staff amongst the Active and Modified Active Staff to stand for the offices of the Credentialed Professional Staff Organization, which are to be filled by election in accordance with the regulations under the *Public Hospitals Act*;
- (c) Each nomination will be signed by at least two (2) Members of the Active and Modified Active Staff, and the physician nominee will signify in writing on the nomination form their acceptance of it;
- (d) At least twenty-one (21) days prior to the annual meeting, a ballot will be electronically sent to the Active and Modified Active Staff Members at the last email address according to the records;
- (e) Ballots must be received by the nominating committee seven (7) days prior to the annual meeting;
- (f) Election results will be announced at the annual meeting; and

- (g) Notwithstanding the above, in the ordinary course, it is the expectation of the Credentialed Professional Staff Organization that for succession planning purposes, at each annual general election there will be a motion confirming the positions of the Credentialed Professional Staff Officers required to implement the Credentialed Professional Staff Organization's intended succession plan which embodies the following principles:
 - (i) representatives shall be elected for a) two (2) year term, however where an elected representative fills a vacancy as provided for at 11.6(a) below, such partial term in respect to such vacancy shall not count in calculating three (3) two (2) year terms and as such a representative who fills a vacancy may be elected to that same office for an additional full two (2) year term; the representatives begin their respective terms in office as Secretary and through subsequent confirmation at annual meetings are eventually elected into the office of the Vice President of the Credentialed Professional Staff Organization and then the President of the Credentialed Professional Staff Organization; and
 - (ii) upon the expiry of the President of the Credentialed Professional Staff Organization's term of office, he/she becomes ex-officio Past President of the Credentialed Professional Staff Organization.

11.3 President of the Credentialed Professional Staff Organization

The President of the Credentialed Professional Staff Organization will:

- (a) preside at all meetings of the Credentialed Professional Staff Organization;
- (b) call special meetings of the Credentialed Professional Staff Organization;
- (c) be a voting member of the Medical Advisory Committee;
- (d) be a voting member of the Medical Advisory Committee Executive;
- (e) be an ex-officio non-voting member of the Board as designated by the By-Laws of the Corporation;
- (f) be an ex-officio non-voting member of Committees of the Board as designated by the By-Laws of the Corporation; and
- (g) act as a liaison between the Credentialed Professional Staff, the Chief Executive Officer and the Board with respect to all matters concerning the Credentialed Professional Staff.

11.4 The Vice President of the Credentialed Professional Staff Organization

The Vice President of the Credentialed Professional Staff Organization will:

- (a) act in the place of the President of the Credentialed Professional Staff Organization and perform the duties and possess the powers of the President, in the absence or disability of the President;
- (b) be a voting member of the Medical Advisory Committee;

- (c) be a voting member of the Medical Advisory Committee Executive;
- (d) be an ex-officio non-voting member of the Board as designated by the By-Laws of the Corporation; and
- (e) perform such duties as the President of the Credentialed Professional Staff Organization may delegate.

11.5 The Secretary/Treasurer of the Credentialed Professional Staff Organization

The Secretary/Treasurer of the Credentialed Professional Staff Organization will:

- (a) attend to the correspondence of the Credentialed Professional Staff Organization;
- (b) be a voting member of the Medical Advisory Committee;
- (c) maintain the financial records of the Credentialed Professional Staff Organization and provide a financial report at the annual meeting of the Credentialed Professional Staff Organization;
- (d) ensure notification of all Members of the Credentialed Professional Staff Organization at least forty-eight (48) hours prior to each regular meeting;
- (e) ensure that minutes are kept of Credentialed Professional Staff Organization meetings; and
- (f) act in the absence of the Vice President of the Credentialed Professional Staff Organization, performing the duties and possessing the powers of the Vice President of the Credentialed Professional Staff Organization in the absence or disability of the Vice President of the Credentialed Professional Staff Organization.

11.6 Vacancies

- (a) When vacancies occur during the term of office, the remaining officers shall move up to fill the next available office and the lower office(s) shall be filled by election;
- (b) This election process will be by email ballot;
- (c) Within fourteen (14) days of a vacancy, the nominating committee, consisting of the remaining Officers of the Credentialed Professional Staff Organization, will, by email, call for nominations from the physician Members of the Active and Modified Active Staff to stand for the vacant position;
- (d) In order for a nomination to be valid, each nomination must be signed by at least two (2) Members of any of the Active or Modified Active Staff, and the nominee must signify in writing on the form their acceptance of it;
- (e) Within five (5) working days of the completion of the nomination period, ballots will be emailed to the Active and Modified Active Staff Members at the last address according to the records;

- (f) Ballots must be received by the nominating committee by 1700 hours on the tenth (10th) business day following the ballot emailing; and
- (g) Election results will be posted within two (2) business days of the close of the balloting period and will be announced at the next meeting of the Credentialed Professional Staff Organization.

ARTICLE 12 - MEETINGS AND NOTICES

- (a) Any notice, communication or document to be given (which terms includes sent, delivered or served) pursuant to this By-Law, unless otherwise specifically provided to the contrary in this By-Law or under any statute to which the Hospital is subject, shall be sufficiently given if delivered personally to the person to whom it is to be given or if delivered to the person's recorded address or mailed to that person at the person's recorded address by prepaid ordinary mail or air mail, or if sent to the person's recorded address by any means of prepaid transmitted or recorded communication including facsimile or electronic mail; and
- (b) Any member of the Medical Advisory Committee may participate in a meeting of the Medical Advisory Committee by means of telephone conference or other communication facilities so as to permit all persons participating in the meeting to communicate with each other simultaneously and instantaneously, and a person participating in such a meeting by such means is deemed for the purposes of the Corporation's Act and this By-Law to be present at the meeting.

ARTICLE 13 - AMENDMENTS

13.1 Amendments to Articles

Article 1 to Article 13 and Schedule A of the By-Law may only be repealed, added to, amended or substituted in accordance with the following procedure:

- (a) Amendments to the Credentialed Professional Staff By-Laws will become effective only as set out in Article 13.2 of the By-Law;
- (b) A notice of motion in writing setting out the proposed change will be given at a regular meeting of the Medical Advisory Committee and final approval of the changes deferred until a subsequent meeting;
- (c) Notice of adoption of the motion together with clear reference to the proposed amendment(s) will be circulated by the President of the Credentialed Professional Staff Organization to the Active and Modified Active Members of the Credentialed Professional Staff within fourteen (14) days of the adoption of the motion;
- (d) Unless twenty (20) or more Members of the Active or Modified Active Staff indicate in writing their disapproval within fourteen (14) days of notification, stating the reason for such disapproval, the changes will be sent back to the Medical Advisory Committee for a recommendation of approval by the Board;
- (e) In the event that written disapproval is received by twenty (20) or more Members of the Active or Modified Active Staff within the said seven (7) days of notification, a special meeting will be called by the President of the Credentialed

Professional Staff Organization to consider the motion. Such special meetings will be held within thirty (30) days of notification and written notice of at least fourteen (14) days thereof in advance of the meeting will be given to the Active and Modified Active Staff Members of the Credentialed Professional Staff Organization;

- (f) If the majority of the Members of the Credentialed Professional Staff Organization present at such special meeting vote to reject such motion, the motion will be referred back to the Medical Advisory Committee for further consideration setting out the reasons for the rejection;
- (g) The Medical Advisory Committee will, after reconsidering the motion and the reasons for rejection, either recommend that the motion be dropped, that the motion be amended or that the motion be presented again to the Credentialed Professional Staff; and
- (h) If the motion is presented again to the Credentialed Professional Staff Organization, this procedure (as contained in paragraph 13.1(c) and 13.1(f)) will then be repeated once. If after repeating this procedure, the Credentialed Professional Staff have referred the amendment back to the Medical Advisory Committee for a second time and no resolution is reached, the proposed motion will be referred directly to the Board for consideration, resolution and approval.

13.2 Amendments to By-Law

- (a) Subject to Article 13.2 (b) and (c) the Board may, from time to time, amend, in whole or in part, this Credentialed Professional Staff By-Law in accordance with the provisions hereof.
- (b) An amendment to the Credentialed Professional Staff By-Law passed by the Board shall be effective from the time the motion is passed, or such future date as may be specified in the motion, only until the next annual meeting unless confirmed at a special general meeting of the Members of the Corporation called for that purpose.
- (c) Any amendment to the Credentialed Professional Staff By-Law passed by the Board shall be presented at the next annual meeting or to a special general meeting of the Members of the Corporation called for that purpose.
 - (i) The notice of such annual meeting or special general meeting shall refer to the amendments to be presented;
 - (ii) The Members of the Corporation at the annual meeting or special meeting may confirm, reject, amend, or otherwise deal with any amendment passed by the Board and submitted to the meeting for confirmation, but no act done or right acquired under any such amendment shall be prejudicially affected by any such rejection, amendment or other dealing;

SCHEDULE A
PROCEDURE REGARDING REAPPOINTMENTS, REQUESTS FOR CHANGES IN PRIVILEGES AND MID-TERM ACTION

PREAMBLE

This schedule outlines the procedures to be followed in three different circumstances. Section 1 deals with Reappointment and Requests for Changes in Privileges. Section 2 outlines the procedure when there is an immediate need to suspend privileges mid-term in an emergency situation. Section 3 is the procedure when mid-term action is required but not in an emergency situation.

It should be noted that a Member's appointment and/or privileges shall continue throughout the review or investigation of circumstances relating to reappointment and until all appeals consistent with the *Public Hospitals Act* are completed.

The procedure for recommendations from the Medical Advisory Committee in respect of original Applications for Appointment shall be as set out in these By-Laws and undertaken pursuant to the *Public Hospitals Act*.

1. REAPPOINTMENT AND REQUESTS FOR CHANGES IN PRIVILEGES

Recommendation for Reappointment and Changes in Privileges:

- (a) The City-Wide Credentials Committee shall forward to the Medical Advisory Committee a recommendation in respect of a reappointment or request for change in privileges consistent with the Committee's terms of reference and such recommendation shall be in writing and supported by references to the specific activities or conduct which constitute the basis for the recommendation.
- (b) The Medical Advisory Committee may; initiate further investigation, establish an ad hoc committee to conduct further investigation, refer the matter back to the City-Wide Credentials Committee with direction or to an external consultant, or make recommendation to the Board.
- (c) Where the Medical Advisory Committee makes recommendation to the Board, it should provide notice to the Member in accordance with Section 2(g)(i) of these By-Laws.
- (d) Upon completion of its own investigation or upon receipt of the report of the body or consultant that conducted the investigation, as the case may be, the Medical Advisory Committee shall make a recommendation to the Board in respect of the reappointment or privileges requested and provide notice to the Member as set out at Section 1(c) above.
- (e) Service of a notice to the applicant or Member may be made personally or by registered mail addressed to the person to be served at their last known address and, where notices served by registered mail, it shall be deemed that the notice was served on the third business 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.
- (f) If additional time is needed for review or the investigative process, the Medical Advisory Committee may defer its recommendation providing it indicates in writing

to the Board and the applicant or Member that the recommendation cannot yet be made and gives reasons therefore, further to Section 37(5) of the *Public Hospitals Act*.

- (g) The Medical Advisory Committee may, in its sole discretion, in the course of its review or investigation or in determining its recommendation, decide that there shall be a Special Meeting of the Medical Advisory Committee where the Member shall be entitled to attend such Special Meeting.
- (h) Where the Medical Advisory Committee considers a matter at a Special Meeting, the procedures set out at Section 4 for "Special Meetings of the Medical Advisory Committee" are to be followed.
- (i) The Medical Advisory Committee, when providing notice to the applicant or Member as provided for in Section 1(c) and Section 1(d), shall advise the applicant or Member that he/she is entitled to receive written reasons for the recommendation wherein a request therefore is received by the secretary of the Medical Advisory Committee within seven (7) days from receipt by the applicant or Member of the Medical Advisory Committee's recommendation and further that the applicant or Member is entitled to a hearing before the Hospital's Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days from the receipt by the applicant or Member of the Medical Advisory Committee's written reasons where requested.
- (j) Where the applicant or Member does not request written reasons for the Medical Advisory Committee's recommendation or where the applicant or Member does not require a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (k) Where the applicant or Member requires a hearing by the Board, the Board will appoint a time and place for the hearing and the procedures set out below at Section 5 for "the Board Hearings" are to be followed.

2. IMMEDIATE MID-TERM ACTION IN AN EMERGENCY SITUATION

The definition of mid-term action in an emergency situation is outlined in Article 5 of these By-Laws.

If at any time it becomes apparent that a Member's conduct, performance or competence is such that it exposes, or is reasonably likely to expose patient(s), staff or others to harm or injury or is, or is reasonably likely to be detrimental to the safety of patient(s), staff or others or to the delivery of quality care, an immediate action must be taken to protect the patient(s), staff or others or to ensure the delivery of quality of care and the procedures set out herein relating to suspension/revocation of privileges shall be followed.

- (a) In addition to the steps outlined in Article 5, the Chief of Department or the Vice President, Medical will immediately notify the Member, the Chair of the Medical Advisory Committee, the President and CEO, the President of the Credentialed Professional Staff Organization and the Board of their decision to suspend the Member's privileges.

- (b) Arrangements will be made by the Chair of the Medical Advisory Committee and the Chief of the Department in consultation with the Vice President, Medical for the assignment of a substitute to care for the patients of the suspended Member.
- (c) Within 24 hours of suspension, the individual who suspended the Member will provide the Medical Advisory Committee, the President and CEO and the President of the Credentialed Professional Staff Organization with written reasons for the suspension and copies of any relevant documents or records.
- (d) Upon receipt of the written reasons for suspension as described above, the Medical Advisory Committee will set a date for a Special Meeting of the Medical Advisory Committee to be held within five (5) days from the date of suspension to review the suspension and to make recommendation to the Board.
- (e) The Special Meeting of the Medical Advisory Committee shall be conducted further to the procedures set out at Section 4 for the "Special Meetings of the Medical Advisory Committee" of the By-Laws.
- (f) The Member may request and the Medical Advisory Committee may grant the postponement of the Special Medical Advisory Committee to a mutually agreeable fixed date.
- (g) The Medical Advisory Committee, when providing notice to the applicant or Member as provided for in Section 1(c) and Section 1(d), shall advise the applicant or Member that he/she is entitled to receive written reasons for the recommendation wherein a request therefore is received by the secretary of the Medical Advisory Committee within seven (7) days from receipt by the applicant or Member of the Medical Advisory Committee's recommendation and further that the applicant or Member is entitled to a hearing before the Hospital's Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days from the receipt by the applicant or Member of the Medical Advisory Committee's written reasons where requested.
- (h) Where the applicant or Member does not request written reasons for the Medical Advisory Committee's recommendation or where the applicant or Member does not require a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (i) Where the applicant or Member requires a hearing by the Board, the Board will appoint a time and place for the hearing and the procedures set out below at Section 5 for the "Board Hearings" are to be followed.

3. NON-IMMEDIATE MID-TERM ACTION

The definition of a non-immediate mid-term action is outlined in Article 5 of the By-Laws.

Procedure for a non-immediate mid-term action shall include:

- (a) Information provided to the President and CEO or Vice President, Medical or Chair of the Medical Advisory Committee by the Chief of Department which raises concerns about any of the matters in these By-Laws relating to non-immediate mid-term action, shall be in writing and will be directed to the President and CEO or Vice President, Medical and the Chair of the Medical Advisory Committee.

- (b) Where the President and CEO, Vice President, Medical, the Chair of the Medical Advisory Committee or Chief of Department receives information about the conduct, performance or competence of a Member, that person will provide a copy of the documentation to the other three.
- (c) Upon receipt of information above, an interview will be arranged by the Vice President, Medical or the Chair of the Medical Advisory Committee or Chief of Department with the Member, at which time the Member will be advised of the information about their conduct, performance or competence and will be given a reasonable opportunity to present relevant information on their behalf.
- (d) A written record will be maintained reflecting the substance of the aforementioned interview and copies will be sent to the Member, the President and CEO and/or the Vice President, Medical and the Chair of the Medical Advisory Committee and the Chief of Department.
- (e) Where the Member fails or declines to participate in an interview as set out above, after being given a reasonable opportunity to so participate, appropriate action may be undertaken further to the procedure as outlined in this section.
- (f) Following an interview as set out above, or where the Member fails or declines to participate in an interview, the Chair of the Medical Advisory Committee, Vice President, Medical, Chief of Department or President and CEO will determine whether further investigation of the matter is necessary.
- (g) If further investigation is to be undertaken, the investigation may be assigned to an individual(s) within the Hospital, the Medical Advisory Committee, a body within the Hospital other than the Medical Advisory Committee or an external consultant.
- (h) Upon the completion of the investigation contemplated by Section 3(g) above, the individual or body who conducted the investigation will forward a written report to the President and CEO, and/or Vice President, Medical and the Chair of the Medical Advisory Committee and Chief of Department. The Member will be provided with a copy of the written report.
- (i) The Chair of the Medical Advisory Committee, the Vice President, Medical, Chief of Department and President and CEO, upon further review of the matter and any report received, will determine whether further action may be required.
- (j) Where it is determined that further action in respect of the matter may be required, the matter shall be referred to the Medical Advisory Committee along with a proposed recommendation with respect to mid-term action in writing and supported by references to specific activities or conduct along with any reports which constitute grounds for the proposed recommendation.
- (k) The Medical Advisory Committee, in advance of considering the proposed recommendation, may initiate further investigation itself, in respect of such matters and in such a manner as it in its sole discretion deems appropriate.
- (l) Upon completion of its own investigation or upon receipt of the proposed recommendation as set out above, the Medical Advisory Committee may determine that no further action need be taken in respect of the matter for lack of

merit or determine to have a Special Meeting of the Medical Advisory Committee where the Member is entitled to attend such Special Meeting.

- (m) Where the Medical Advisory Committee considers the matter at a Special Meeting, then the procedures set out below at Section 4 for the "Special Meetings of the Medical Advisory Committee" are to be followed.
- (n) The Medical Advisory Committee, following a Special Meeting of the Medical Advisory Committee, will provide the Member with written notice of the Medical Advisory Committee's recommendation and the written reasons for the recommendation and the Member's entitlement to a hearing before the Hospital's Board where a written request is received by the Board and the Medical Advisory Committee from the Member within seven (7) days of the receipt by the Member of the Medical Advisory Committee's recommendation and written reasons.
- (o) Service of the notice of recommendation and written reasons to the Member may be made personally or by registered mail addressed to the Member 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 business day after the day of mailing unless the Member to be served establishes that he/she did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.
- (p) Where the applicant or Member does not require a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (q) Where the Member requires a hearing by the Board, the Board will appoint a time and place for the hearing, such Board hearing to be undertaken pursuant to the procedures set out below at Section 5 for the "Board Hearings".

4. SPECIAL MEETINGS OF THE MEDICAL ADVISORY COMMITTEE

In the event that a Special Meeting of the Medical Advisory Committee is required further to this Schedule, such Special Meeting of the Medical Advisory Committee will be conducted pursuant to procedures as follows:

- (a) The Medical Advisory Committee will give the applicant or Member written notice of the Special Meeting, such notice to include:
 - (i) the time and place of the meeting;
 - (ii) the purpose of the meeting;
 - (iii) a statement that the applicant or Member will be provided with information on the matter to be considered by the Medical Advisory Committee together with all relevant documentation;
 - (iv) a statement that the applicant or Member is entitled to attend the Medical Advisory Committee meeting and to participate fully in all matters under consideration by the Medical Advisory Committee;
 - (v) a statement that the parties are entitled to bring legal counsel to the meeting and consult with legal counsel but that legal counsel shall not be

entitled to participate in the meeting save and except in respect of making representations on behalf of the party;

- (vi) a statement that, in the absence of the applicant or Member, the meeting may proceed.
- (b) The Medical Advisory Committee will provide the applicant or Member with a statement of the particulars of the matter to be considered by the Medical Advisory Committee, including any proposed recommendation, together with all documentation and records collected by the Medical Advisory Committee or City-Wide Credentials Committee pursuant to the performance of their duties.
- (c) At the Special Meeting, a record of the proceedings will be kept in the Minutes of the Medical Advisory Committee.
- (d) The applicant or Member involved will be given a full opportunity to respond to each issue as well as to present documents and witnesses if so desired.
- (e) Before deliberating on the matter or the recommendation to be made to the Board, the Chair of the Medical Advisory Committee will require the Member involved and any other Members present who are not Medical Advisory Committee Members to retire for the duration of the discussion. The Medical Advisory Committee will not consider any matter, fact or documentation to which it did not give the Member an opportunity to respond.
- (f) No Member of the Medical Advisory Committee will participate in a decision of the Medical Advisory Committee at a Special Meeting of the Medical Advisory Committee unless such Member was present throughout the Special Meeting, except with the consent of the parties. Further, no decision of the Medical Advisory Committee will be given unless all Members so present participate in the decision. The determination of any matter will be noted in the Minutes of the Special Medical Advisory Committee meeting.

5. BOARD HEARINGS

In the event that a Board hearing is required pursuant to this schedule, such Board hearing will be conducted further to the following procedures.

- (a) The Board will name a place and time for the hearing.
- (b) The Board hearing will be held within thirty (30) days of the Board receiving a written request from the Applicant unless such other time for the hearing is agreed to by the parties.
- (c) The Board will give written notice of the hearing to the applicant or Member and to the Chair of the Medical Advisory Committee at least seven (7) days before the hearing date.
- (d) The notice of the Board hearing will include:
 - (i) the place and time of the hearing;
 - (ii) the purpose of the hearing;

- (iii) a statement that the applicant or Member and Medical Advisory Committee will be afforded an opportunity to examine prior to the hearing all written or other documentary evidence to be ruled upon at the hearing and all reports which have been collected as part of the City-Wide Credentials Committee and Medical Advisory Committee processes;
 - (iv) a statement that the applicant or Member may be represented by counsel or agent, call witnesses, cross-examine witnesses and tender documents in evidence and present arguments and submissions in support of their case;
 - (v) a statement that the time for the hearing may be extended by the Board; and
 - (vi) 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 will not be entitled to any further notice in respect of the hearing.
- (e) The parties to the Board hearing are the applicant or Member, the Medical Advisory Committee and such other persons as the Board may specify.
- (f) As soon as possible, and at least five (5) business days prior to the hearing, the parties will provide one another with copies of all written documentary material, along with the names, addresses and qualifications of all witnesses who will testify at the hearing and a detailed summary of the evidence they will give, along with reports that have been collected by the City-Wide Credentials Committee or Medical Advisory Committee as part of the investigation process whether or not these materials will be used in evidence. The intent is that there should be full disclosure between the parties to the Board hearing.
- (g) The findings of fact of the Board pursuant to a hearing will be based exclusively on evidence admissible or matters that may be noted under the Statutory Powers Procedure Act. A party at a hearing may:
- (i) be represented by counsel or agent;
 - (ii) call and examine witnesses and present arguments and submissions; and
 - (iii) conduct cross-examination of witnesses reasonably required for a full and fair disclosure of the facts in relation to which they have given evidence.
- (h) The Board will consider the reasons for the Medical Advisory Committee that have been given to the applicant or Member in support of its recommendations. Where through error or inadvertence, certain reasons have been omitted in the statement delivered to the applicant or Member, the Board may consider those reasons only if those reasons are given by the Medical Advisory Committee in writing to both the applicant or Member and the Board, and the applicant or Member is given a reasonable time to review the reasons and to prepare a case to meet those additional reasons.
- (i) No Member of the Board will participate in a decision of the Board pursuant to a hearing unless he/she is present throughout the hearing and heard the evidence

and argument of the parties and, except with the consent of the parties, no decision of the Board will be given unless all Members so present participate in the decision.

- (j) The Board will make a decision to either accept or reject the recommendation of the Medical Advisory Committee.
- (k) A written copy of the decision of the Board and the written reasons for the decision will be provided to the applicant or Member and to the Medical Advisory Committee within fifteen (15) days of the conclusion of the hearing.
- (l) Service on the applicant or Member will be as set out in Schedule A, Section 3(o) of the By-Laws.