

Medical Staff By-Law of The Ottawa Hospital

WHEREAS The Ottawa Hospital /L'Hôpital d'Ottawa is a duly constituted corporation under the *Not For Profit Corporations Act* (Ontario); and

WHEREAS the object of the Corporation is to operate The Ottawa Hospital /L'Hôpital d'Ottawa as a public hospital approved under the laws of the Province of Ontario; and

WHEREAS it is expedient for the Corporation, through its by-laws, to so regulate the medical, dental, midwifery and extended class nursing staff activities of The Ottawa Hospital /L'Hôpital d'Ottawa, as will best assure the accomplishments of its Vision, Mission, and Core Values;

NOW THEREFORE the following is adopted as the Medical Staff By-Law of The Ottawa Hospital /L'Hôpital d'Ottawa.

ENACTED – JUNE 22, 2022

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Article 1 – Definitions and Interpretation

1.1 Definitions

In this By-law:

- a) **“Administrative By-Law”** means the by-law of the Hospital relating to administrative matters.
- b) **“Administrator Responsible”** means the individual appointed by the Chief Executive Officer with responsibility for the administrative activity or activities described in the relevant provisions of this By-Law.
- c) **“Affiliation Agreement”** means the Agreement to be entered into between the Corporation and the University of Ottawa relating to the teaching and clinical research functions integrated in the Hospital as contemplated in the Vision, Mission and Core Values.
- d) **“Board”** means the board of governors of the Corporation.
- e) **“By-law”** means this Medical Staff By-Law.
- f) **“Chief Executive Officer”** means the president and chief executive officer of the Corporation who is the ‘administrator’ for the purposes of the *Public Hospitals Act* and the ‘officer in charge’ for the purposes of the *Mental Health Act*.
- g) **“Chief Nursing Executive”** means the senior nurse employed by the Corporation, who reports directly to the Chief Executive Officer and is responsible for nursing services provided in the Hospital.
- h) **“Chief of Staff”** means the Medical Staff member appointed by the Board to serve as such in accordance with the *Public Hospitals Act* and this By-law.
- i) **“College”** means, as the case may be, College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Midwives of Ontario, and/or the College of Nurses of Ontario.
- j) **“Corporation”** means The Ottawa Hospital.
- k) **“Credentials Committee”** means a subcommittee of the Medical Advisory Committee established by the Medical Advisory Committee and tasked with reviewing applications for appointment and reappointment to the Medical Staff, and application for a change in privileges, and making recommendations to the Medical Advisory Committee on these matters, and if no such subcommittee is established, it means the Medical Advisory Committee.
- l) **“Day”**, unless otherwise specified as a business day, means a calendar day.
- m) **“Dental Staff”** means:
 - a. oral and maxillofacial surgeons to whom the Board has granted the privilege of diagnosing, prescribing for, or treating Patients in the Hospital; and
 - b. Dentists to whom the Board has granted the privilege of attending to Patients in the Hospital.
- n) **“Dentist”** means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario.
- o) **“Department”** means an organizational unit of the Medical Staff to which members with a similar field of practice have been assigned.
- p) **“Division”** means an organizational unit of a Department.
- q) **“Excellent Care for All Act”** means the *Excellent Care for All Act, 2010* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time.
- r) **“ex officio”** means membership “by virtue of the office” and includes all rights, responsibilities, and powers to vote, unless otherwise specified.
- s) **“Extended Class Nursing Staff”** means those Registered Nurses in the Extended Class who are:
 - a. employed by the Corporation and authorized to diagnose, prescribe for, or treat Patients in the Hospital; and
 - b. not employed by the Corporation and to whom the Board has granted privileges to diagnose, prescribe for, or treat Patients in the Hospital.
- t) **“Governor”** means a member of the Board.

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- u) **“Head of Department”** means the Medical Staff member appointed by the Board to serve as such in accordance with this By-Law.
- v) **“Head of Division”** means the Medical Staff member appointed to be in charge of a Division.
- w) **“Hospital”** means the public hospital operated by the Corporation.
- x) **“Impact Analysis”** means a study conducted by the Chief Executive Officer in consultation with the Chief of Staff and the affected Head(s) of Department to determine the impact upon the resources of the Corporation, including the impact upon the resources of a Department, of a proposed appointment of an applicant to the Medical Staff or an application by a Medical Staff member for additional privileges or a change in membership category.
- y) **“Institute”** means the University of Ottawa Heart Institute.
- z) **“Medial Advisory Committee”** means the committee established under Article 9.
- aa) **“Medical Staff”** means those Physicians, Dentists, Midwives, Scientific Staff, and Registered Nurses in the Extended Class and Other Clinical Staff, who are appointed by the Board and granted privileges to practice their profession in the Hospital.
- bb) **“Medical Staff Human Resources Plan”** means the plan developed for each Department that provides information and future projections on the management and appointment of the Medical Staff based on the mission and strategic plan of the Corporation.
- cc) **“Midwife”** means a midwife in good standing with the College of Midwives of Ontario.
- dd) **“Midwifery Staff”** means those midwives appointed by the Board and granted privileges to practice midwifery in the Hospital.
- ee) **“MRP”** means the Most Responsible Physician.
- ff) **“Organizational Dyad”** mean the Administrator Responsible who works in a dyad relationship with a medical leader, as determined by the organizational structure of the Hospital or Institute.
- gg) **“Other Clinical Staff”** means medical staff to whom the Board has granted the professional privileges and may include physician assistants, research assistants and PhD staff.
- hh) **“Patient”** means any in-patient or out-patient of the Corporation.
- ii) **“Physician”** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario.
- jj) **“Policies”** means the administrative, human resources, clinical and professional policies adopted by the Board, the Corporation, the Medical Advisory Committee, or the Head of Department under Article 2
- kk) **“Public Hospitals Act”** means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time.
- ll) **“Registered Nurse in the Extended Class”** means a member in good standing with the College of Nurses of Ontario, who is a registered nurse and holds an extended certificate of registration under the *Nursing Act, 1991*.
- mm) **“Retirement Plan”** means a written statement by the Medical Staff of their intention to retire from practice, including dates and timelines for withdrawal or change in clinical, teaching or research activities or duties.
- nn) **“Rules”** means the rules adopted by the Board under Article 2.
- oo) **“Scientific Staff”** means a scientist providing diagnostic services to Patients of the Hospital.
- pp) **“University”** means the University of Ottawa Faculty of Medicine.
- qq) **“Vision, Mission and Core Values”** means the vision, mission and core values of the Corporation that have been approved by the Board.

1.2 Interpretation

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

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1.3 Delegation of Duties

Each of the Chief Executive Officer, Chief of Staff, Head of Department, or Head of Division may delegate the performance of any of the duties assigned to them under this By-law to others, except voting rights, where applicable. However, they shall each remain responsible for the performance of their respective duties.

1.4 Consultation with Medical Staff

Where the Board or Medical Advisory Committee is required to consult with the Medical Staff under this By-law, it shall be sufficient for the Board or Medical Advisory Committee to receive and consider input of the Medical Staff Officers named in Article [12](#).

Article 2 – Rules and Policies

2.1 Rules and Policies

1. The Board, after consulting with the Medical Staff and considering the recommendation of the Medical Advisory Committee, may make Rules as it deems necessary, including Rules for Patient care and safety and the conduct of members of the Medical Staff, Dental Staff, Midwifery Staff, and Nurses in the Extended Class.
2. The Board, after consulting with the Medical Staff and considering the recommendation of the Medical Advisory Committee, may adopt Policies as applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Nurses in the Extended Class that are consistent with, and that support the implementation of the Rules.
3. The Medical Advisory Committee, after consulting with the Medical Staff, may make policies applicable to the Medical Staff that are consistent with this By-Law, the Rules and the Board-approved Policies.
4. The Head of Department, after consulting with the Medical Staff of the Department, may adopt policies and procedures applicable to the Medical Staff of the Department, including policies and procedures that are consistent with, and support the implementation of, the Rules and Policies.

Article 3 – Appointment and Reappointment to Medical Staff

3.1 Appointment and Revocation

1. The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Medical Staff.
2. Subject to Article 3.1(3), Medical Staff shall enjoy only the privileges granted to them by the Board and they shall perform only the clinical duties and procedures which they may be authorized to perform.
3. Exercising privileges in an emergency:
 - a. In case of emergency, regardless of their departmental or staff status, a Physician shall undertake all steps necessary to treat their Patient.
 - b. For the purposes of paragraph (a) above, an emergency is defined by the *Health Care Consent Act (Ontario)*.
 - c. After consultation with the Head(s) of Department concerned, the Chief of Staff shall have the authority to grant temporary privileges to any Physician, Dentist or Midwife who is not a member of the Medical Staff.
 - d. Such temporary privileges shall extend until the application is resolved by the Board but not for any period in excess of 180 days.
 - e. Any Physician, Dentist or Midwife to whom such temporary privileges are granted shall be under the supervision of the Head(s) of Department concerned, or, if they are a Head of Department, under the supervision of the Chief of Staff.

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4. All applications for appointment and reappointment to the Medical Staff shall be processed in accordance with the provisions of this By-law and the *Public Hospitals Act*.
5. The Board may, at any time, make or revoke any appointment to the Medical Staff, refuse to reappoint a Medical Staff member, or restrict or suspend the privileges of any Medical Staff member, in accordance with the provisions of this By-Law and the *Public Hospitals Act*.

3.2 Term of Appointment

1. Subject to Article 3.2(2), each appointment to the Medical Staff shall be for a term of up to one year.
2. Where a Medical Staff has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
 - a. unless Article 3.2(2)(b) applies, until the Board grants or does not grant the reappointment; or
 - b. in the case of a Physician and where the Board does not grant the reappointment and there is a right to a hearing by the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired, or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

3.3 Qualifications and Criteria for Appointment

1. Only an applicant who meets the qualifications and satisfies the criteria set out in this By-Law and who is licensed pursuant to the laws of Ontario is eligible to be a member of and appointed to the Medical Staff. Any restriction on the applicant's license will be reviewed by the Credentials Committee.
2. The applicant shall have:
 - a. a certificate of professional conduct or letter of good standing from the relevant College, or the equivalent certificate(s), from their most recent licensing body;
 - b. current membership in the Canadian Medical Protective Association or equivalent professional practice liability coverage appropriate to the scope and nature of the intended practice;
 - c. adequate training and experience for the privileges requested;
 - d. maintained the level of continuing professional education required by the relevant College;
 - e. up-to-date inoculations, screenings, tests, and training as may be required by the Policies of the Corporation, the *Public Hospitals Act*, or other legislation;
 - f. a demonstrated ability to:
 - i. provide Patient care at an appropriate level of quality and efficiency;
 - ii. meet an appropriate standard of ethical conduct and behaviour;
 - iii. work and communicate with, and relate to, others in a co-operative, collegial, and professional manner;
 - iv. communicate with, and relate appropriately to, Patients and Patients' relatives and/or substitute decision makers;
 - g. demonstrated adequate control of any significant physical or behavioural impairment affecting skill, attitude, or judgement that might impact negatively on Patient care or the operations of the Corporation; and
 - h. a willingness to participate in the discharge of clinical, administrative, teaching, and, if applicable, research responsibilities, and other duties appropriate to staff category.
3. When the conditions in Article 3.3(1) are not met the following may be considered:
 - a. Subject to Article 3.3(3)(b), one of the following additional qualifications shall be required:
 - i. certification by the College of Family Physicians of Canada; or
 - ii. certification by the Royal College of Physicians and Surgeons of Canada; or

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- iii. in disciplines that do not, or did not, come under the supervision of any recognized examining body, an applicant may be appointed to the Medical Staff with privileges in a speciality, provided that the applicant's training, research or teaching experience are of a quality, scope and duration acceptable to the Medical Advisory Committee following study and recommendation by the Head of Department concerned and the Credentials Committee.
 - b. In the case where an applicant does not have one of the qualifications enumerated above in Article 3.3(3) (a), and where acceptable to the Board, upon recommendations of the Medical Advisory Committee and the Head of Department and Head of Division, as applicable, concerned, one of the following additional qualifications shall be required:
 - i. qualification by medical examination bodies in other jurisdictions where such examining bodies are comparable to those described above; or
 - ii. a Ph.D. or equivalent from a recognized university; or
 - iii. in the absence of formal qualifications, recognition or excellence, clinical care experience and/or scholarship in the provision of health care (note that in some circumstances members of the Other Clinical Staff category will function under the supervision of a member of the Medical Staff); or
 - iv. Royal College of Physicians and Surgeons of Canada academic certification document or equivalent.
4. All applicants must agree to govern themselves in accordance with the requirements set out by this By-law, the Corporation's Mission, Vision and Core Values, and Policies.
5. All new appointments, with the exception of temporary appointments, shall be contingent upon an Impact Analysis demonstrating that the Corporation has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Medical Staff Human Resources Plan.
6. In addition to any other provisions of the By-Law, including the qualifications set out in Article 3.3 (1), 3.3 (2), and 3.3 (3), the Board may refuse to appoint any applicant to the Medical Staff on any of the following grounds:
 - a. the appointment is not consistent with the need for service;
 - b. the Medical Staff Human Resources Plan and/or the Impact Analysis does not demonstrate sufficient resources to accommodate the applicant; or
 - c. the appointment is not consistent with the Vision, Mission, Core Values and strategic plan of the Corporation.

3.4 Application for Appointment

1. The Chief Executive Officer shall supply a copy of, or information on how to access, a form of the application, and the Vision, Mission, Core Values, and Strategic Plan of the Corporation, the By-law and the appropriate Policies, to each Medical Staff who expresses in writing an intention to apply for appointment.
2. An applicant for appointment to the Medical Staff shall submit to the Chief Executive Officer one original application in the prescribed form, together with signed consents, to enable the Corporation to make inquiries of the relevant College and other hospitals, institutions, and facilities where the applicant has previously provided professional services or received professional training to allow the Corporation to fully investigate the qualifications and suitability of the applicant.
3. Each application shall contain the requirements outlined in the Hospital's related Policies.
4. An applicant may be required to visit the Corporation for an interview with appropriate Medical Staff members, the Chief of Staff, or the Chief Executive Officers.
5. The Board shall approve the prescribed form of application for appointment, re-appointment and change in privileges after receiving the recommendation of the Medical Advisory Committee.

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3.5 Procedure for Processing Applications for Appointment

1. Upon receipt of a completed application, the Chief of Staff shall keep a record of each application received and then refer the original application forthwith to the chair of the Credentials Committee, with a copy to the relevant Head of Department.
2. For Medical Staff who will provide care at the Institute, the Chief Executive Officer of the Institute or delegate, together with the Head of Department, will make recommendations to the Medical Advisory Committee for the appointment of Medical Staff, including the specific privileges to be granted and the procedures they are authorized to perform at the Institute.
3. The Credentials Committee shall:
 - a. review all materials in the application and ensure all required information has been provided;
 - b. investigate the qualifications, experience, professional reputation, and competence of the applicant, and consider if the criteria required by this By-law are met;
 - c. receive the recommendation of the relevant Head(s) of Department; and
 - d. submit a report of its assessment and recommendations to the Medical Advisory Committee at its next regular meeting, together with a recommendation that the application is acceptable, not acceptable, or is deferred for further investigation. In the case of a recommendation for acceptance, the Credentials Committee shall indicate the privileges that it recommends the applicant be granted.
4. The Medical Advisory Committee shall:
 - a. receive and consider the report and recommendations of the Credentials Committee;
 - b. review the application with reference to the Medical Staff Human Resources Plan and Impact Analysis; and
 - c. send, within 60 days of the date of receipt by the Chief of Staff of a completed application, written notice of its recommendation to the Board and to the applicant, in accordance with the *Public Hospitals Act*.
5. The Medical Advisory Committee shall recommend to the Board the specific privileges to be granted to an applicant for admission to the Medical Staff and the procedures which they may be authorized to perform.
6. The Medical Advisory Committee may make its recommendation to the Board later than 60 days after receipt of a completed application, provided that, within the 60-day period, it advises the applicant and the Board in writing that a final recommendation cannot be made within the 60-day period and gives written reasons for it.
7. Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that they are entitled to:
 - a. written reasons for the recommendation, if the Medical Advisory Committee receives a written request for the reasons from the applicant within seven days of the applicant's receipt of notice of the recommendation; and
 - b. a Board hearing, if the Board and the Medical Advisory Committee receive a written request for a Board hearing from the applicant within seven days of the applicant's receipt of the written reasons referred to in Article 3.5(7)(a).
8. Where the applicant does not request a Board hearing, the Board may implement the recommendation of the Medical Advisory Committee.
9. Where the applicant requests a Board hearing, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article 5.
10. The Board shall consider the Medical Advisory Committee recommendations within the timeframe specified by the *Public Hospitals Act*.
11. The Board, in determining whether to make any appointment or reappointment to the Medical Staff or approve any request for a change in privileges, shall take into account the recommendation of the Medical Advisory

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Committee and such other considerations it, in its discretion, considers relevant, including the Medical Staff Human Resources Plan, Impact Analysis, strategic plan, and the Corporation's ability to operate within its resources.

12.
 - a. The first appointment of applicants shall be to the Associate Staff.
 - b. Despite Article 3.5(12)(a), if the Credentials Committee concurs, the Medical Advisory Committee may recommend that a newly selected Head of Department or Head of Division may be appointed to the Active Staff.

3.6 Reappointment

1. Each year, each Medical Staff member desiring reappointment to the Medical Staff shall make a written application for reappointment on the prescribed form through the Chief Executive Officer to the Board before the date specified by the Medical Advisory Committee.
2. Each application for reappointment to the Medical Staff shall contain the following information:
 - a. a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Policies;
 - b. either:
 - i. a declaration that all information on file at the Corporation from the applicant's most recent application is up-to-date, accurate, and unamended as of the date of the current application; or
 - ii. a description of all material changes to the information on file at the Corporation since the applicant's most recent application, including: an annual performance review and information on any completed or pending disciplinary or malpractice proceedings, restriction in privileges, or suspensions during the past year;
 - c. the category of appointment requested and a request for either the continuation of, or any change in, existing privileges;
 - d. if requested, a current Certificate of Professional Conduct or equivalent from the relevant College;
 - e. confirmation that the member has complied with the disclosure duties set out in Article 6.11 (c)(f); and
 - f. such other information that the Board may require respecting competence, capacity, and conduct, after considering the recommendation of the Medical Advisory Committee.
3. Each application for reappointment, where the applicant is a member of the medical staff at another hospital, shall contain a description of any complaints or investigations against the applicant at that hospital and university during the past year, and, if requested, an authorization to the other hospital to release information to the Hospital.
4. The Head(s) of Department will annually review the nature and scope of the applicant's practice as part of an annual performance review process in accordance with a Board-approved performance evaluation process. The nature and scope of practice will be discussed between the applicant and the Head(s) of Department in order to inform and assure the Medical Advisory Committee as to the competency of the applicant and the clinical services provided by the Department.
5. The relevant Head(s) of Department shall make recommendations concerning each application for reappointment within that Department to the Medical Advisory Committee.
6. In the case of any application for reappointment in which the applicant requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
7. Applications for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and [Article 3.5](#) of this By-law.

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8. For Medical Staff who will provide care at the Institute, the Chief Executive Officer of the Institute or delegate, together with the Head(s) of the Department will make recommendations to the Medical Advisory Committee for the reappointment of Medical Staff.

3.7 Qualifications and Criteria for Reappointment

1. To be eligible for reappointment, the application shall:
 - a. continue to meet the qualifications and criteria set out in Article 3.3;
 - b. have conducted themselves in compliance with this By-Law, and the Corporation's values and Policies;
 - c. have demonstrated appropriate use of hospital resources in accordance with the Medical Staff Human Resources Plan and the Policies; and
 - a. have up-to-date inoculations, screenings tests and training as may be required by the Policies of the Corporation

3.8 Application for Change of Privileges

1. Each Medical Staff who wishes to change their privileges shall submit to the relevant Head of Department an application on the prescribed form listing the change of privileges requested, and provide evidence of appropriate training and competence, and such other matters as the Board may require.
2. The Head of Department shall retain a copy of each application received and shall refer the original application forthwith to the Medical Advisory Committee, through the Chief of Staff, who shall then refer the original application forthwith to the chair of the Credentials Committee, with a copy to the relevant Head of Department.
3. For Medical Staff who will provide care at the Institute, the Chief Executive Officer of the Institute or delegate together with the Head of Department, will make recommendations to the Medical Advisory Committee for specific privilege changes to be granted and the procedures they are authorized to perform at the Institute.
4. The Credentials Committee shall investigate the applicant's professional competence, verify their qualifications for the privileges requested, receive the report of the Head of Department, and prepare and submit a report of its findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of privileges, if any, that it recommends that the applicant be granted.
5. The application shall be processed in accordance with the requirements of Article 3.7 and Article 3.5(4) to 3.5(11) of this By-law.

3.9 Leave of Absence

1. Medical Staff members who have Hospital responsibilities may request, through the relevant Head of Department, a leave of absence of up to 12 months, in accordance with the Policies:
 - a. in the event of extended illness or disability of the member, or
 - b. in other circumstances acceptable to the relevant Head of Department.
2. After returning from a leave of absence, the Medical Staff member may be required to produce a medical certificate of fitness acceptable to the Chief of Staff. The Chief of Staff may impose such conditions on the privileges granted to the member as appropriate.
3.
 - a. Subject to Article 3.9(3)(b), Medical Staff who have been on a leave of absence for more than 12 months, shall be required to make a new application for appointment to the Medical Staff in the manner and subject to the criteria set out in this By-law.
 - b. In special circumstances, such as a parental or sabbatical leave, the new application for appointment may be waived, in accordance with the Leave of Absence policy adopted by the Medical Advisory Committee from time to time.

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3.11 Resignation

1. A Medical Staff member wishing to resign or retire from active practice shall, no less than 90 days before the effective date of resignation or retirement, submit a written notice to the relevant Head of Department, who shall notify the Chief of Staff, and the chair of the Credentials Committee. The 90 days' notice can be waived at the discretion of the Chief of Staff.

3.12 Retirement Planning

Future career and retirement planning should be done on an ongoing basis with all Medical Staff. It is expected that all Medical Staff will discuss their proposed Retirement Plan with their Head of Department well in advance of their proposed departure so as to ensure a smooth transition and continuity of Patient care.

1. In accordance with the Hospital's Medical Human Resources Plan, when a member of the Medical Staff is over the age of sixty years, the member shall submit, in writing on an annual basis, a personal clinical and academic practice plan, which includes details of the member's Retirement Plans, with the member's reappointment application to the Head of Department, if the member plans to remain a member of the Medical Staff after they attain the age of sixty-five years.
2. The Retirement Plan shall indicate the planned date of withdrawal from the Medical Staff and any planned changes in clinical, educational, research or administrative duties prior to withdrawal from the Medical Staff.
3. A Head of Department shall ensure that each member of their department who is over the age of sixty years submits a Retirement Plan with every reappointment application of the member. A member is required to annually update their Retirement Plan only if there are any changes.
4. A copy of all Retirement Plans shall be sent by the Heads of Department to the Medical Affairs office.
5. A Head of Department shall discuss the member's Retirement Plan with the member with particular reference to how the Retirement Plan deals with the considerations set out in Article 3.3 of this By-law. The Retirement Plan of the member and how it deals with the considerations set out in Article 3.3 of this By-law shall be taken into consideration by the Head of Department in making their recommendation to the Medical Advisory Committee on the reappointment of the member to the Medical Staff.

3.13 University Affiliation

1. The Hospital is an academic teaching facility and operates under the Affiliation Agreement. An appointment to the University shall be required for all new Active and Associate Physician and Scientific applicants.
2. Other Medical Staff who assume formal academic duties shall be required to hold an appointment to the University.
3. The appointment or reappointment of any Physician who holds an appointment to the University shall be made in accordance with the Affiliation Agreement.

Article 4 – Monitoring, Suspension, and Revocation

4.1 Monitoring Practices and Transfer of Care

1. The Chief of Staff or relevant Head of Department may review any aspect of Patient care or Medical Staff conduct in the Corporation without the consent of the Medical Staff member responsible for the care or conduct. Where the care or conduct involves an Extended Class Nursing Staff member, the Chief Nursing Executive may also review the care or conduct.

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2. Where any Medical Staff member or Corporation staff reasonably believes that a Medical Staff member is incompetent, attempting to exceed their privileges, incapable of providing a service that they are about to undertake, or acting in a manner that exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation, to harm or injury, the individual shall immediately communicate that belief to the Chief of Staff, relevant Head of Department, or Chief Executive Officer, so that appropriate action can be taken. Where the communication relates to an Extended Class Nursing Staff member, it may also be communicated to the Chief Nursing Executive. Where the communication relates to Medical Staff working in the Institute, it may also be communicated to the Chief Executive Officer of the Institute or delegate.
3. The Head of a Department, on notice to the Chief of Staff, where they believe it to be in the Patient's best interests, shall have the authority to examine the condition and scrutinize the treatment of any Patient in their Department and to make recommendations to the attending Medical Staff member or any consulting Medical Staff member involved in the Patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff, notice shall be given as soon as possible.
4. If the Chief of Staff or Head of Department becomes aware that, in their opinion a serious problem exists in the diagnosis, care, or treatment of a Patient, the officer shall immediately discuss the condition, diagnosis, care, and treatment of the Patient with the attending Medical Staff member. If changes in the diagnosis, care, or treatment satisfactory to the Chief of Staff or Head of Department are not made, they shall immediately assume the duty of investigating, diagnosing, prescribing for, and treating the Patient.
5. Where the Chief of Staff or Head of Department has cause to take over the care of a Patient, the Chief Executive Officer, Chief of Staff, or Head of Department, and one other Medical Advisory Committee member, the attending Medical Staff member, and the Patient or the Patient's substitute decision maker shall be notified in accordance with the *Public Hospitals Act*. The Chief of Staff or Head of Department shall file a written report with the Medical Advisory Committee within 48 hours of their action.
6. Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff or Head of Department who has taken action under Article 4.1(4) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

4.2 Revocation of Appointment or Restriction or Suspension of Privileges

1. The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke any appointment of a Medical Staff member, or restrict or suspend the privileges of a Medical Staff member.
2. Any administrative or leadership appointment of the Medical Staff member shall automatically terminate upon the revocation of appointment, or restriction or suspension of privileges, unless otherwise determined by the Board.
3. The Chief Executive Officer shall prepare and forward a detailed written report to the relevant College as soon as possible and no later than 30 days after the event, where:
 - a. by reason of incompetence, negligence, or misconduct, a Medical Staff member's:
 - i. application for appointment or reappointment is denied; or
 - ii. appointment is revoked; or
 - iii. privileges are restricted or suspended; or
 - iv. a Medical Staff member resigns from the Medical Staff during the course of an investigation into their competence, negligence, or misconduct.

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4.3 Immediate Action

1. The Chief Executive Officer or Chief of Staff may temporarily restrict or suspend the privileges of any Medical Staff member, in circumstances where in their opinion the member's conduct, performance, or competence:
 - a. exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury; or
 - b. is or is reasonably likely to be detrimental to Patient safety, corporate legal compliance and/or to the delivery of quality Patient care within the Corporation,and immediate action must be taken to protect Patients, healthcare providers, employees, and any other individuals at the Corporation from harm or injury.
2. Before the Chief Executive Officer or Chief of Staff takes action authorized in Article 4.3(1), they shall first consult with each other. If prior consultation is not possible or practicable under the circumstances, the individual who takes the action shall immediately provide notice to the other. Where it involves a Medical Staff working at the Institute, notice shall be provided to the Chief Executive Officer of the Institute or delegate. The individual who takes the action shall forthwith submit a written report on the action taken with all relevant materials and information to the Medical Advisory Committee.

4.4 Non-Immediate Action

1. The Chief Executive Officer or Chief of Staff may recommend to the Medical Advisory Committee that the appointment of any Medical Staff member be revoked or that their privileges be restricted or suspended in any circumstances where in their opinion the Medical Staff member's conduct, performance, or competence:
 - a. fails to meet or comply with the criteria for annual reappointment;
 - b. exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury;
 - c. is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Corporation or impact negatively on the operations of the Corporation; or
 - d. fails to comply with the Corporation's By-laws, or Policies, the *Public Hospitals Act*, or any other relevant law.
2. Before making a recommendation under Article 4.4(1), an investigation may be conducted. Where an investigation is conducted, it may be assigned to an individual or committee within the Corporation other than the Medical Advisory Committee or an external consultant.
3. Where it involves a Medical Staff working at the Institute, notice shall be provided to the Chief Executive Officer of the Institute or delegate.

4.5 Referral to Medical Advisory Committee for Recommendations

1. Following the temporary restriction or suspension of privileges under Article 4.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a Medical Staff member under Article 4.4, the following process shall be followed:
 - a. the Head of Department of which the individual is a member or an appropriate alternate designated by the Chief of Staff or Chief Executive Officer shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation made, as the case may be, with all relevant materials and information;
 - b. a date for consideration of the matter shall be set not more than ten business days from the time the written report is received by the Medical Advisory Committee;
 - c. as soon as possible and in any event at least three business days before the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:

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- i. the time, date, and place of the meeting;
 - ii. the purpose of the meeting; and
 - iii. a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.
2. The date for the Medical Advisory Committee to consider the matter under Article 4.5(1)(b) may be extended by:
 - a. an additional seven business days in the case of a referral under Article 4.3; or
 - b. any number of days in the case of a referral under Article 4.4, if the Medical Advisory Committee considers it necessary to do so.
3. The Medical Advisory Committee may, with the support of the Chief Executive Officer and Chief of Staff:
 - a. set aside the restriction or suspension of privileges; or
 - b. recommend to the Board a revocation of the appointment, or a restriction or suspension of privileges, on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a subcommittee of the Medical Advisory Committee.
4. If the Medical Advisory Committee recommends the continuation of the restriction or suspension of privileges or a revocation of appointment and/or makes further recommendations on the matters considered at its meeting, the Medical Advisory Committee shall, within 24 hours of the Medical Advisory Committee meeting, provide the member with written notice of the Medical Advisory Committee's recommendation.
5. The written notice shall inform the member that they are entitled to:
 - a. written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven days of the member's receipt of the notice of the recommendation; and
 - b. a Board hearing if a written request is received by the Board and the Medical Advisory Committee within seven days of the member's receipt of the written reasons requested.
6. If the member requests written reasons for the recommendation under Article 4.5(5), the Medical Advisory Committee shall provide the written reasons to the member as soon as practicable but in any event within seven days of receipt of the request.

Article 5 – Board Hearing

5.1 Board Hearing

1. A Board hearing shall be held when one of the following occurs:
 - a. the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment, or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or
 - b. the Medical Advisory Committee makes a recommendation to the Board that the privileges of a Medical Staff member be restricted or suspended, or an appointment be revoked, and the member requests a hearing.
2. The Board shall name a time, date, and place for the hearing. To represent the Board at the hearing, the Chair of the Board shall select a committee of Governors that are voting members of the Board.
3. The Board hearing shall be held:
 - a. in the case of immediate restriction or suspension of privileges, within seven days of the date the member requests the hearing under Article 5.1(1);
 - b. in the case of non-immediate restriction or suspension of privileges, subject to Article 5.1(4), as soon as practicable but not later than 28 days after the Board receives the written notice from the member requesting the hearing.
4. The Board may extend the time for the hearing date if it considers an extension appropriate.

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5. The Board shall give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least five days before the hearing date.
6. The notice of the Board hearing shall include:
 - a. the time, date, and place of the hearing;
 - b. the purpose of the hearing;
 - c. a statement that the applicant or member and Medical Advisory Committee shall be afforded an opportunity to examine, before the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
 - d. a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses, and tender documents in evidence in support of their case;
 - e. a statement that the Board may extend the time for the hearing on the application of any party; and
 - f. a statement that if the applicant or member does not attend the hearing, the Board may proceed in the absence of the applicant or member, and the applicant or member shall not be entitled to any further notice in the hearing.
7. The parties to the Board hearing are the applicant or member, the Medical Advisory Committee, and such other persons as the Board may specify.
8. The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, before the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence.
9. Members of the Board holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
10. The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.
11. No member of the Board shall participate in a Board decision pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no Board decision shall be given unless all members so present participate in the decision.
12. The Board shall make a decision to follow, amend, or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Medical Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant, including the considerations set out in Article 3.3, 3.7, and 3.8 respectively.
13. A written copy of the Board decision shall be provided to the applicant or member and to the Medical Advisory Committee.
14. Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness, or other causes beyond their control, receive it until a later date.

Article 6 – Medical Staff Categories and Duties

6.1 Medical Staff Categories

1. The Medical Staff categories acknowledge that members of the Medical Staff undertake different roles with respect to Patient care, education and research, and recognize that members will assume specific roles within their respect scope of practice. Accordingly, resources, duties and clinical activities will be outlined annually as agreed upon, within the process of annual performance reviews.
2. The categories of Medical Staff privileges are granted annually through the appointment and reappointment process. The specific details of the Medical Staff's clinical and academic practice are outlined annually and constitute part of the annual performance review process.
3. The Medical Staff shall be divided into the following categories:
 - a. Active Staff;
 - b. Associate Staff;
 - c. Other – Locum Tenens
 - d. Other Clinical Staff;
 - e. Learners;
 - f. Scientific Staff; and
 - g. such other categories as the Board may determine after considering the recommendation of the Medical Advisory Committee.
4. The Extended Class Nursing Staff may be divided into such categories as the Board may determine after considering the recommendation of the Medical Advisory Committee.

6.2 Active Staff

1. The Active Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Active Staff and who have completed satisfactory service as Associate Staff for at least two years, or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
2. Each Active Staff member shall:
 - a. have admitting privileges unless otherwise specified in their appointment;
 - b. attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
 - c. be responsible to the Head of Department to which they have been assigned for all aspects of Patient care;
 - d. act as a supervisor of other Medical Staff, Dental Staff, Midwifery Staff, or Extended Class Nursing Staff when requested by the Chief of Staff or the Head of the Department to which they have been assigned;
 - e. fulfil such on-call requirements as may be established for each Department or Division in accordance with the Medical Staff Human Resource Plan and the Policies;
 - f. perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Head of the relevant Department;
 - g. attend meetings of their Department and Division; and
 - h. be entitled to vote at all Medical Staff meetings.

6.3 Associate Staff

1. Physicians, Dentists, or Midwives who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff.
2. Each Associate Staff member shall:

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- a. have admitting privileges unless otherwise specified in their appointment;
 - b. work under the supervision of an Active Staff member named by the Chief of Staff or Head of Department to which they have been assigned;
 - c. undertake such duties in respect of Patients as may be specified by the Chief of Staff and, if appropriate, by the Head of Department to which they have been assigned;
 - d. fulfil such on call requirements as may be established for each Department or Division in accordance with the Medical Staff Human Resources Plan and the Policies; and
 - e. perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or Head of the relevant Department;
 - f. attend meetings of their Department and Division; and
 - g. shall be entitled to vote at all Medical Staff meetings.
- 3.
- a. At six-month intervals following the appointment of an Associate Staff member to the Medical Staff, the Active Staff member by whom the Associate Staff member has been supervised shall complete a performance evaluation and shall make a written report the Head of Department on:
 - i. the knowledge and skill that has been shown by the Associate Staff member;
 - ii. the nature and quality of their work in the Corporation; and
 - iii. their performance and compliance with the criteria set out in Article 3.3(2).
 - b. At the end of the second year of the appointment of an Associate Staff member to the Medical Staff, the Associate Staff will complete an in-depth performance review
 - c. The Chief of Staff shall forward such report to the Credentials Committee.
 - d. Upon receipt of the report, the Credentials Committee shall review the appointment of the Associate Staff member and make a recommendation to the Medical Advisory Committee.
 - e. If any report is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend that their appointment be terminated.
 - f. No Associate Staff member shall be recommended for appointment to the Active Staff unless they have been an Associate Staff member for at least two years.
 - g. In no event shall an appointment to the Associate Staff be continued for more than three years, unless they are on a leave of absence which may extend by the period of the leave of absence at the discretion of the Chief of Staff.

6.4 Locum Tenens Staff

1. The Locum Tenens Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Locum Tenens Staff in order to meet specific clinical needs for a defined period of time in one or more of the following circumstances:
 - a. to be a planned replacement for a Physician, Dentist, or Midwife for a specified period of time; or
 - b. temporarily provide coverage for an unanticipated incremental demand or new clinical service requirement within a Department or Division. In this case, the Department or Division must be actively seeking to recruit permanent medical staff.
2. The period of appointment shall be for a term of up to 12 months and may be subject to an extension of up to 12 additional months.
3. A Locum Tenens Staff member shall:
 - a. have admitting privileges unless otherwise specified in their appointment;
 - b. work under the supervision of an Active Staff member assigned by the Head of Department or Chief of Staff; and

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- c. attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board.
4. A Locum Tenens Staff member shall not:
 - a. be eligible to vote at meetings of the Medical Staff or hold office; or
 - b. be required to accept Committee assignments.

6.5 Other Clinical Staff

1. The Other Clinical Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Other Clinical Staff in one or more of the following circumstances:
 - a. to provide episodic or limited surgical or consulting services;
 - b. the applicant meets a specific service need of the Corporation; or
 - c. where the Board deems it advisable and in the best interests of the Corporation.
2. Other Clinical Staff members shall:
 - a. have such limited privileges as may be granted by the Board on an individual basis;
 - b. attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board; and
 - c. be responsible to the Head of Department to which they have been assigned for all aspects of Patient care.

6.6 Learners

6.6.1 Fellows

1. Fellows shall consist of medical graduates who are at the Hospital under the authority of an educational or independent practice license and are appointed on the recommendation of the University with the support of the Head of Department and, if applicable, Head of Division, in accordance with the prevailing arrangements with the University. Appointment of Fellows shall be approved annually by the Board. Fellows will be subject to the joint disciplinary process between the Hospital and the University in accordance with the Affiliation Agreement.
2. As in all educational settings, fellowship training must be supervised. However, a fellow may provide care in an unsupervised setting if outside of the objectives of the educational program they are licensed to do so.
3. Fellows shall not be the MRP.
4. Each Fellow shall:
 - a. Work under the supervision of the Head of Department, or Head of Division, as delegated by the Department, to which they have been assigned by the Medical Advisory Committee.
 - b. Undertake to care for Patients within the limitations of their license and restrictions outlined by the Board; and
 - c. Abide by all Hospital policies, and procedures.
5. Each Fellow shall not:
 - a. 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;
 - b. Have admitting privileges.

6.6.2 Scholars

1. Scholars shall consist of physicians with an independent practice license who are fully qualified in a specialization and are continuing their education in a non-clinical field (eg. Masters) and are appointed on the recommendation of their University with the support of the Chief Executive Officer, Head of Department and, if applicable, Head of Division, in accordance with the prevailing arrangements with their University. Scholars shall be appointed annually by the Board and, in any case, shall be for a term not in excess of three years.

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2. Each Scholar shall:
 - a. Have admitting privileges, if required;
 - b. Work under the counsel and supervision of an Active Staff member named by the Head of Department to which they have been assigned by the Medical Advisory Committee;
 - c. Undertake to attend to the care of assigned Patients and treat them within the privileges granted by the Board; and
 - d. Abide by all Hospital policies, and procedures.

6.7 Scientific Staff

1. A scientist providing diagnostic services to a Patient of the Hospital, whose expertise is considered to contribute significantly to the Vision, Mission and Core Values of the Hospital, may be named to the Scientific Staff.
2. Members of the Scientific Staff may engage in research, education or, under the direction and responsibility of the appropriate Head of Department, or the Head of Division, as delegated by the Head of Department, the treatment of Patients.
3. Scientific Staff shall abide by all Hospital policies, and procedures.

6.8 Extended Class Nursing Staff

1. The Board, after considering the advice of the Medical Advisory Committee, will delineate the privileges for each Extended Class Nursing member who is not an employee of the Corporation.
2. Each new applicant for appointment to the Extended Class Nursing Staff shall be appointed for an initial probationary period of one year.
3. Before completion of the one-year probationary period, the Head of Department, in consultation with the Chief Nursing Executive, shall complete a performance evaluation for an Extended Class Nursing Staff member on the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of their work, their performance and compliance with the criteria set out in Article 3.3(2), and such report shall be forwarded to the Credentials Committee.
4. The Credentials Committee shall review the report and shall make a recommendation to the Medical Advisory Committee, which shall, in turn, make a recommendation to the Board.
5. Each Registered Nurse in the Extended Class must meet the following qualifications:
 - a. must be a member in good standing with the College of Nurses of Ontario; and
 - b. must be a Registered Nurse in the Extended Class as is herein defined.

6.9 Dental Staff

1. Members of the Active Dental Staff who are oral and maxillofacial surgeons may admit Patients to the Hospital on their own authority. Members of the Active Dental Staff, other than oral and maxillofacial surgeons, may admit Patients on the joint order of the Dentist and a Physician who is a member of the Active Medical Staff.
2. Members of the Dental Staff shall be entitled to attend and vote at Medical Staff meetings and to hold office.

6.9.1 Qualifications

1. Only a person qualified to practice dentistry pursuant to the laws of Ontario shall be eligible for appointment to the Dental Staff
2. The applicant will have:
 - a. certification by the Royal College of Dental Surgeons of Ontario;
 - b. dental practice liability protection coverage acceptable to the Board; and
 - c. speciality certification where indicated, including fellowship eligibility.

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6.9.2 Division

1. The Dental Staff shall be a Division of the Department of Surgery.
2. The Head of Division shall be appointed or reappointed in the manner set forth in Article 8.5.
3. The Head of Division shall supervise the professional care given by all members of the Dental Staff and be responsible to the Head of Department concerned, the Chief of Staff and the Medical Advisory Committee and ultimately the Board, and for the quality of care given to Patients by members of the Division. The Head of Department shall represent the interests of the Division at the Medical Advisory Committee in accordance with the *Public Hospitals Act* and the regulations thereunder.

6.10 Midwifery Staff

1. Members of the Midwifery Staff shall be entitled to attend and vote at Medical Staff meetings and hold office.

6.10.1 Qualifications

1. Only an applicant qualified to practice midwifery pursuant to the laws of the Province of Ontario is eligible to be a member of, and appointed to, the Midwifery Staff of the Hospital.
2. The applicant will have:
 - a. a certificate of registration with the College of Midwives of Ontario;
 - b. a current certificate of Professional Conduct from the College of Midwives of Ontario; and
 - c. midwifery practice liability protection coverage acceptable to the Board.

6.10.2 Division

1. The Midwifery Staff shall be a Division of the Department of Obstetrics, Gynecology and Newborn Care.
2. The Head of Division shall be appointed and reappointed in the manner set forth in Article 8.5.
3. The Head of Division shall supervise the professional care given by all members of the Midwifery Staff and be responsible to the Head of Department, the Chief of Staff and the Medical Advisory Committee and ultimately the Board, for the quality of care given to Patients by members of the Division.

6.10.3 Midwifery Staff Categories

1. The midwifery staff shall be divided into the following sub-categories
 - a. Active Staff;
 - b. Associate Staff;
 - c. Other – Assistant; and
 - d. Locum Tenens

6.10.4 Mandatory Consultation/Transfer of Responsibility

Mandatory consultation with, or transfer of, responsibility to an obstetrician or pediatrician is required under certain circumstances as specified by the College of Midwives and the Medical Policies relating to the Midwifery Staff.

6.11 Duties of Medical Staff

1. Each Medical Staff member:
 - a. is accountable to and shall recognize the authority of the Board through and with the Chief of Staff, Head of Department, and Chief Executive Officer;
 - b. shall co-operate with and respect the authority of:
 - i. the Chief of Staff and the Medical Advisory Committee;
 - ii. the Head(s) of Department;
 - iii. the Head(s) of Division; and
 - iv. the Chief Executive Officer;

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- c. shall notify the Head of Department or Chief of Staff forthwith of:
 - i. any illness or condition that could adversely affect their ability to provide quality Patient care;
 - ii. investigations or proceedings to suspend or restrict privileges at other hospitals; or
 - iii. malpractice judgements, or settlements made on their behalf;
 - d. shall perform the duties, undertake the responsibilities, and comply with the provisions set out in this By-law and the Policies;
 - e. shall attend meetings of their Department or Division;
 - f. shall immediately advise the Chief of Staff and Chief Executive Officer of:
 - i. the commencement of any investigation or proceeding that would be required to be disclosed by this By-law, the credentialing policy and/or reapplication process;
 - ii. any change in the member's licence to practise made by the relevant College or any change in professional practice liability coverage; and
 - g. perform such other duties as may be prescribed from time to time by, or under the authority of, the Board, the Medical Advisory Committee, the Chief of Staff, or Head of Department.
2. If the Chief of Staff and/or Head of Department request(s) a meeting with a Medical Staff member for the purpose of interviewing that Medical Staff member about any matter, the Medical Staff member shall attend the interview at a mutually agreeable time but within 14 days of the request. If the Medical Staff member so requests, they may bring a non-legal representative with them to the meeting. The Chief of Staff and/or Head of Department may extend the date for attendance at the interview at their discretion. If requested by the Chief of Staff and/or Head of Department, the Medical Staff member attending the meeting shall produce any documents requested by the Chief of Staff and/or Head of Department for discussion at the meeting.

Article 7 – Departments and Divisions

7.1 Departments

1. The Board may organize the Medical Staff into Departments after considering the recommendation of the Medical Advisory Committee.
2. The Board shall appoint each Medical Staff member to a minimum of one of the Departments. Appointment may extend to one or more additional Departments.

7.2 Divisions

The Board may divide a Department into Divisions after considering the recommendation of the Medical Advisory Committee.

7.3 Changes to Departments and Divisions

The Board may, at any time, after consulting with the Medical Advisory Committee, create such additional Departments or Divisions, amalgamate Departments or Divisions, or disband Departments or Divisions. Where there is a corresponding Department or Division at the University, the University may be consulted.

7.4 Department and Division Meetings

1. Each Department and Division shall function in accordance with the Policies.
2. Regular meetings shall be held in accordance with the Policies.

Article 8 – Leadership Positions

8.1 General

1. The Board may appoint an individual on an acting or interim basis where there is a vacancy in any office referred to in this Article or while the individual holding any such office is absent or unable to act.
2. If the term of office of any medical leader expires before a successor is appointed, the Board may extend the appointment of the incumbent.
3. Unless otherwise approved by the Board, the maximum number of consecutive years of service of a medical leader shall be ten years. However, following a break in the continuous service of at least one year, the same person may be reappointed.
4. The Board may revoke any appointment to any position referred to in this Article at any time.

8.2 Chief of Staff

1. The Board shall appoint a Chief of Staff after considering the recommendation of the Selection Committee and the opinion of the Medical Advisory Committee.
2. The Chief of Staff shall:
 - a. be a member of the Active Staff or a person eligible to be a member of the Active Staff
 - b. be an *ex officio* non-voting Governor of the Board and as a Governor, fulfill fiduciary duties to the Corporation;
 - c. be the *ex officio* Chair of the Medical Advisory Committee;
 - d. report regularly to the Board on the work and recommendations of the Medical Advisory Committee;
 - e. perform such additional duties as may be outlined in the Board-approved Chief of Staff position description, or as set out in the Policies, or as assigned by the Board;
 - f. supervise through and with the Heads of Department all medical care given to all Patients within the Hospital;
 - g. be responsible to the Board for the general clinical organization of the Hospital and the quality of care rendered; and
 - h. advise the Medical Advisory Committee with respect to the quality of medical diagnosis, care and treatment provided to the Patients of the Hospital; and
 - i. be the Acting Head of Department, in case of unexpected vacancy until the appointment of a new Head of Department;
3. The Chief of Staff shall, in consultation with the Chief Executive Officer, designate an alternate to act during their absence.
4. The Chief of Staff shall, subject to annual confirmation, be appointed for a term of five years. Unless otherwise approved by the Board no member of the Medical Staff shall serve an aggregate of more than ten consecutive years as Chief of Staff.

8.3 Head of Department

1. The Board shall appoint a Head of Department after considering the recommendation of the Medical Advisory Committee and the opinion of the Selection Committee.
2. A Head of Department shall:
 - a. be a member of the Active Staff or a person eligible to be a member of the Active Staff
 - b. be an *ex officio* member of the Medical Advisory Committee;
 - c. make recommendations to the Medical Advisory Committee on appointment, reappointment, change in privileges, and any disciplinary action to which Department members should be subject;

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- d. advise the Medical Advisory Committee, through and with the Chief of Staff, on the quality of care provided to Patients of the Department;
 - e. review and make recommendations to the Medical Advisory Committee on the performance evaluations of Department members annually as part of the reappointment process and conduct an enhanced performance evaluation on a periodic basis;
 - f. hold regular Department meetings;
 - g. delegate responsibility to appropriate Department members, with the exception of delegated representation at the Medical Advisory Committee;
 - h. report to the Medical Advisory Committee and to the Department on the activities of the Department;
 - i. perform such additional duties as may be outlined in the Board-approved Head of Department position description, or as set out in the Policies, or as assigned by the Board, Chief of Staff, Medical Advisory Committee, or Chief Executive Officer;
 - j. be the Acting Head of Division in case of unexpected vacancy until the appointment of a new Head of Division; and
 - k. in consultation with the Chief of Staff, designate an alternate to act during their absence.
3. The Head of Department shall, subject to annual confirmation, be appointed for a term of five years. Unless otherwise approved by the Board no member of the Medical Staff shall serve an aggregate of more than ten consecutive years as a Head of Department.
 4. At the end of each five-year term, a formal review, as approved by the Medical Advisory Committee, shall be conducted.
 5. Where necessary, the Chief of Staff, through the Medical Advisory Committee, shall recommend to the Board an Acting Head of Department. The appointment shall be for a period not to exceed 12 months and, subject to Board approval, may continue until a replacement is identified.
 6. The responsibilities of an Acting Head of Department shall be those of a Head of Department.

8.4 Deputy Head of Departments

The Head of Department, upon consultation with the Chief of Staff, may appoint a Deputy Head of Department. The Deputy Head of Department, if appointed, is the delegate of the Head of Department. The Deputy Head of Department has responsibilities and duties similar to those of the Head of Department as determined by the Head of Department.

8.5 Head of Division

1. The Board may appoint a Head of Division or may delegate to the Medical Advisory Committee the authority to appoint one or more Heads of Division.
2. A Head of Division who will provide and/or oversee care at the Institute, the Chief Executive Officer of the Institute or delegate, together with the Head of Department, will make recommendations to the Medical Advisory Committee for the appointment of Head of Division.
3. The Head of Division shall:
 - a. be responsible to the Board through the Head of the Department and Chief of Staff for the quality of medical diagnoses, care and treatment rendered to Patients in their Division;
 - b. perform all of the duties as may be assigned by the Medical Advisory Committee, Chief of Staff, or Head of Department;
 - c. ensure appropriate on-site management at each site where the Division is located;
 - d. facilitate clinical education and research programs within their Division;

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- e. be responsible for all members of their Division and make recommendations, through the Head of Department, to the Medical Advisory Committee regarding the appointment, reappointment, promotion and any disciplinary action to which they should be subject;
 - f. consult with members of the Division in the naming of a deputy who shall assume duties in their absence; and
 - g. participate fully in the performance review and appointment and reappointment process for Medical Staff in their Division.
4. The Head of Division shall, subject to annual confirmation, be appointed for a term of five years. Unless approved by the Board, no member of the Medical Staff shall serve an aggregate of more than ten consecutive years as a Head of Division.
5. At the end of each five-year term, a formal review, as approved by the Medical Advisory Committee, shall be conducted.
6. Where necessary, the Head of Department shall recommend to the Medical Advisory Committee an Acting Head of Division. The appointment shall be for a period not to exceed 12 months and, subject to Board approval, may continue until a replacement is identified.
7. The responsibilities of an Acting Head of Division shall be those of a Head of Division.

Article 9 – Medical Advisory Committee

9.1 Composition

1. The Medical Advisory Committee shall consist of the following members, each of whom shall have one vote:
 - a. the Chief of Staff, who shall be the Chair;
 - b. the Heads of Department;
 - c. the President, Vice President, and Secretary-Treasurer of the Medical Staff; and
 - d. such other Medical Staff members as the Board may appoint on the recommendation of the Chief of Staff and/or Chief Executive Officer.
2. In addition, the following individuals shall be entitled to attend Medical Advisory Committee meetings without a vote:
 - a. the Chief Executive Officer of the Hospital;
 - b. the Chief Nursing Executive of the Hospital;
 - c. the Senior Medical Officer of the Hospital;
 - d. the Vice-President responsible for Medical Education;
 - e. the Chief Executive Officer of the Institute, or delegate, who is an Active Staff and holds a senior title;
 - f. the Dean of the Faculty of Medicine of the University, or delegate, who holds a senior title;
 - g. a representative of the Learners category selected by the Medical Advisory Committee.
3. Where an Acting Head of Department is also the Chief of Staff, the Medical Advisory Committee, upon the advice of such Head of Department, shall name a member of the Department concerned to replace that Head of Department at meetings of the Medical Advisory Committee.

9.2 Recommendations

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

9.3 Duties and Responsibilities

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

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- a. make recommendations to the Board on the following matters:
 - i. every application for appointment or reappointment to the Medical Staff, and any request for a change in privileges;
 - ii. the privileges to be granted to each Medical Staff member;
 - iii. this By-law and the Policies;
 - iv. the revocation of appointment or the suspension or restriction of privileges of any Medical Staff member; and
 - v. the quality of care provided in the Hospital or Institute by the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff;
 - vi. medical human resource plan for the Hospital and the allocation of Hospital resources;
 - vii. the appointment of Heads of Department and Division;
- b. supervise the practice and behaviours of the Medical Staff in the Hospital;
- c. appoint the Medical Staff members of all Medical Advisory Committee subcommittees;
- d. receive reports of the Medical Advisory Committee subcommittees;
- e. approve Policies of the Medical Advisory Committee concerning expectations of the Medical Staff;
- f. advise the Board on any matters that it refers to the Medical Advisory Committee; and
- g. where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under section 2(a)(v) of the Hospital Management Regulation under the *Public Hospitals Act*, make recommendations about those issues to the Hospital's or Institute's quality committee established under the *Excellent Care for All Act*.

9.4 Subcommittees

1. The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special subcommittees of the Medical Advisory Committee as may be necessary or advisable for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or this By-law.
2. The terms of reference and composition for any standing or special subcommittees of the Medical Advisory Committee may be set out in the Policies or in a Board resolution, on the recommendation of the Medical Advisory Committee. The Medical Advisory Committee shall appoint the Medical Staff members of any Medical Advisory Committee subcommittee and the Board may appoint other subcommittee members.

9.5 Quorum

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

9.6 Meetings

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

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3. A Medical Advisory Committee or subcommittee meeting may be held by telephonic or electronic means. Where a meeting is held by telephonic or electronic means, a vote may be taken by show of hands, voice vote, or other electronic means of voting.

Article 10 – Executive Medical Advisory Committee

10.1 Composition

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

- a. the Chief of Staff, who shall be the Chair;
- b. the Heads of Department; and
- c. the President of the Medical Staff.

10.2 Meetings

Meetings will occur at the discretion of the Chair.

Article 11 – Medical Staff Meetings

11.1 Annual, Regular, and Special Meetings

1. The Medical Staff shall hold at least four regular meetings in each fiscal year of the Corporation, one of which shall be the annual meeting, at a time and place fixed by the Medical Staff Officers.
2. The President of the Medical Staff may call a special meeting. The President of the Medical Staff shall call a special meeting on the written request of any 100 Active Staff members entitled to vote.
3. The Secretary-Treasurer of the Medical Staff shall give written notice of each Medical Staff meeting (including the annual meeting or any special meeting) to the Medical Staff at least ten days before the meeting by posting a notice of the meeting in a conspicuous place in the Hospital or by emailing or sending it through an internal mail distribution system to each Medical Staff member. Notice of a special meeting shall state the nature of the business for which the meeting is called.
4. The period of time required for giving notice of any special meeting may be waived in exceptional circumstances by a majority of those Medical Staff members present and entitled to vote at the special meeting, as the first item of business of the meeting.
5. The Medical Staff Officers may determine that any Medical Staff meeting may be held by telephonic or electronic means. Where a Medical Staff meeting is held by telephonic or electronic means, the word “present” in Article 11.2 shall mean present physically or by telephonic or electronic means, and a vote may be taken by show of hands, voice vote, or other electronic means of voting.

11.2 Quorum

Fifty (50) of the Medical Staff members entitled to vote and present shall constitute a quorum at any Medical Staff meeting.

11.3 Rules of Order

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

11.4 Medical Staff Meetings

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

Article 12 – Medical Staff Officers

12.1 Medical Staff Officers

1. The provisions of this Article 12 shall be deemed to satisfy the requirements of the *Public Hospitals Act* for Medical Staff Officers. For greater certainty, the President, Vice President, Secretary-Treasurer and Member at Large of the Medical Staff shall be deemed to be the President, Vice President, Secretary-Treasurer and Member at Large of the Medical Staff.
2. The Medical Staff Officers shall be:
 - a. the President;
 - b. the Vice President;
 - c. the Secretary-Treasurer;
 - d. the Member at Large; and
 - e. such other officers as the Medical Staff may determine.
3. The Medical Staff Officers shall be elected on a rotational basis bi-annually for a two-year term by a majority vote of the Medical Staff members present and voting at a Medical Staff meeting in accordance with the nominating and election procedure prescribed by the Medical Staff from time to time.
4. The Medical Staff Officers may serve a maximum of four consecutive years in one office. An officer may be re-elected to the same position following a break in continuous service of at least one year.
5. The Medical Staff Officers may be removed from office before the expiry of their term by a majority vote of the Medical Staff members present and voting at a Medical Staff meeting called for that purpose.
6. If any office of the Medical Staff becomes vacant, and it is deemed expedient to fill the office before the next annual meeting of the Medical Staff, the vacancy may be filled by a majority vote of the Medical Staff members present and voting at a regular or special Medical Staff meeting. The election of the Medical Staff member shall follow the process in Article 12.3. The Medical Staff member so elected to office shall fill the office until the next annual meeting of the Medical Staff.

12.2 Attendance, Voting, and Holding Office

1. All Medical Staff members are entitled to attend Medical Staff meetings.
2. Only Active Staff and Associate Staff members are entitled to vote at Medical Staff meetings.
3. Only Physicians, Dentists and Midwives who are Active Staff members may hold any Medical Staff office.

12.3 Nominations and Election Process

1. A nominating committee shall be constituted through a process approved by the Medical Staff on the recommendation of the Medical Staff Officers.
2. At least 21 days before the annual meeting of the Medical Staff, the nominating committee shall circulate by email to all medical staff a list of the names of those who are nominated to stand for the offices of the Medical Staff that are to be filled by election in accordance with the *Public Hospitals Act* and this By-law.
3. Any further nominations shall be made in writing to the Secretary-Treasurer of the Medical Staff up to seven days before the annual meeting of the Medical Staff.
4. For gender equity, nominations for either President or Vice-President shall include both male and female nominees.
5. The Medical Staff Officers shall be elected based on the highest number of votes for the position. Notwithstanding the foregoing sentence and to ensure gender equity, if a female nominee does not receive the highest number of votes for either the office of President or the office of Vice-President, then the female nominee for President or Vice-President who receives the highest percentage of votes for the office for which she was nominated (relative to the other female nominees for the offices of President and Vice-President) shall be elected to the office for

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which she received such votes and the male nominee who received the highest number of votes for such office shall not be elected to such office.

12.4 President of the Medical Staff

The President of the Medical Staff shall:

1. preside at all Medical Staff meetings;
2. act as a liaison between the Medical Staff, the Chief Executive Officer, and the Board on matters concerning the Medical Staff;
3. support and promote the values and strategic plan of the Corporation;
4. be an *ex-officio* member of the Medical Advisory Committee; and
5. be an *ex-officio* non-voting Governor and, as a Governor, fulfill fiduciary duties to the Corporation by making decisions in the best interest of the Corporation.

12.5 Vice President of the Medical Staff

The Vice President of the Medical Staff shall:

1. in the absence or disability of the President of the Medical Staff, act in place of the President, and perform their duties and possess their powers as set out in Article 12.4 (other than as set out in Article 12.4(5));
2. perform such duties as the President of the Medical Staff may delegate to them; and
3. be an *ex-officio* member of the Medical Advisory Committee.
4. be an *ex-officio* non-voting Governor and, as a Governor, fulfill fiduciary duties to the Corporation by making decisions in the best interest of the Corporation.

12.6 Secretary-Treasurer of the Medical Staff

The Secretary-Treasurer of the Medical Staff shall:

1. attend to the correspondence of the Medical Staff;
2. ensure notice is given and minutes are kept of Medical Staff meetings;
3. maintain the funds and financial records of the Medical Staff and provide a financial report at the annual meeting of the Medical Staff;
4. disburse funds at the direction of the Medical Staff, in accordance with the Financial Policy adopted by the members of the Medical Staff from time to time;
5. be an *ex-officio* member of the Medical Advisory Committee; and
6. in the absence or disability of the Vice President of the Medical Staff, perform the duties and possess the powers of the Vice President as set out in Article 12.5 (other than as set out in Article 12.5(4));

12.7 Other Officers

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

Article 13 – Amendments

13.1 Amendments to this By-law

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

1. the Corporation shall provide notice specifying the proposed amendment(s) to the Medical Staff;
2. the Medical Staff shall be afforded an opportunity to comment on the proposed amendment(s); and
3. the Medical Advisory Committee may make recommendations to the Board on the proposed amendment(s).

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13.2 Repeal and Restatement

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