

**THE OTTAWA HOSPITAL/L'HÔPITAL
D'OTTAWA MEDICAL, DENTAL,
MIDWIFERY AND REGISTERED NURSES IN THE EXTENDED CLASS STAFF
BY-LAW**

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**THE OTTAWA HOSPITAL/L'HÔPITAL D'OTTAWA
MEDICAL, DENTAL, MIDWIFERY AND REGISTERED NURSES IN THE
EXTENDED CLASS STAFF BY-LAW**

WHEREAS The Ottawa Hospital/L'Hôpital d'Ottawa is a duly constituted corporation under the *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 accomplishment of its Vision, Mission and Core Values (as defined herein);

NOW THEREFORE the following is adopted as the Medical, Dental, Midwifery and Registered Nurses in the Extended Class Staff By-Law of The Ottawa Hospital/L'Hôpital d'Ottawa.

Part I INTERPRETATION

Section 1. Definitions

In this By-law:

- (1) "Act" means the *Public Hospitals Act* (Ontario).
- (2) "Active Staff", means the category of members of the Medical Staff, Dental Staff or, as applicable, Midwifery Staff, as more fully defined in Section 15 of this By-law.
- (3) "Administrative By-law" means the by-law of the Hospital relating to administrative matters.
- (4) "Administrator Responsible" means the individual appointed by the Chief Executive Officer/President of the Hospital with responsibility for the administrative activity or activities described in the relevant provisions of this By-law.
- (5) "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.
- (6) "Associate Staff" means the category of members of the Medical Staff, Dental Staff or, as applicable, Midwifery Staff, as more fully defined in Section 17 of this By-law.
- (7) "Board" means the Board of Governors of the Hospital which is the governing body of the Hospital.

- (8) “By-laws” means this Medical, Dental, Midwifery and Registered Nurse in the Extended Class Staff By-law, the Administrative By-law and all other by-laws of the Corporation.
- (9) “Chief Executive Officer/President” means the person who has the direct and actual superintendence and charge of the Hospital.
- (10) “Chief of Staff” means the person appointed by and responsible to the Board for the quality of medical care in the Hospital.
- (11) “Committee Responsible” means the Committee responsible for the activity or activities described in the relevant provision of this By-law.
- (12) “Corporation” means the corporation amalgamated by the Letters Patent under the *Corporations Act* (Ontario) and named The Ottawa Hospital/L’Hôpital d’Ottawa, with a head office at 1053 Carling Avenue, Ottawa, Ontario.
- (13) “Dental Staff” means:
 - (a) the oral and maxillofacial surgeons to whom the Board has granted the privilege of diagnosing, prescribing for or treating patients in the hospital; and
 - (b) the Dentists to whom the Board has granted the privilege of attending patients in the hospital in co-operation with a member of the medical staff.
- (14) “Dentist” means a member of the Royal College of Dental Surgeons of Ontario.
- (15) “Department” means a specific field of medical, dental or midwifery care or service as defined in this By-law and “Department Head” has a corollary meaning.
- (16) “Division” means one or more units within a Department and “Division Head” has a corollary meaning.
- (17) “Hospital” means The Ottawa Hospital/L’Hôpital d’Ottawa.
- (18) “Institute” means the University of Ottawa Heart Institute.
- (19) “Learners” means the category of members of the Medical Staff, Dental Staff or, as applicable, Midwifery Staff as more fully defined in Section 20 of this By-law.
- (20) “Medical Advisory Committee” means the Medical Advisory Committee described in Part IV.
- (21) “Medical Policies” means the rules, policies and procedures governing the practice of medicine, dentistry, midwifery or registered nurses in the extended class in the Hospital generally or in a particular Department, Division or Service Unit which have been established by the Medical Advisory Committee, Medical Staff, Dental Staff or Midwifery

- Staff and approved by the Board on the recommendation of the Medical Advisory Committee.
- (22) “Medical Staff” means the physicians to whom the Board has granted the privilege of diagnosing, prescribing for or treating patients in the Hospital.
- (23) “Midwifery Staff” means the midwives to whom the Board has granted the privileges-of assessing, monitoring, prescribing for or treating patients in the Hospital.
- (24) “Oral and Maxillofacial Surgeon” means a dentist who holds a specialty certificate from the Royal College of Dental Surgeons of Ontario authorizing practice in oral and maxillofacial surgery.
- (25) “Organizational Dyad” means the executive who works in a dyad relationship with the medical leader, as determined by the organizational structure of Hospital or Institute.
- (26) “Other Clinical Staff” means medical staff to whom the Board has granted the professional privileges as described in Section 19, and may include physician assistants, research assistants, and PhD staff.
- (27) “Registered Nurse in the Extended Class” means a member of the College of Nurses of Ontario who is a registered nurse and who holds an extended certificate of registration under the *Nursing Act, 1991*, as may be amended and replaced from time to time, is employed by the Hospital, and is authorized to diagnose, prescribe for, or treat patients in the Hospital.
- (28) “Retirement Plan” means a written statement by the physician of their intention to retire from practice, including dates and timelines for withdrawal or change in clinical, teaching or research activities or duties.
- (29) “Scientific Staff” means the category of members of the Medical Staff, Dental Staff or, as applicable, Midwifery Staff, as more fully defined in Section 21 of this By-law.
- (30) “Service Unit” means a multi-departmental and divisional group of physicians, dentists or midwives organized to provide a clinical service in an area of mutual interest and “Service Unit Head” has a corollary meaning.
- (31) “University” means the University of Ottawa Faculty of Medicine.
- (32) “Vision, Mission and Core Values” means the Vision, Mission and Core Values of the Hospital that have been approved by the Board.

Section 2. Interpretation

- (1) Except as otherwise herein provided, (a) the words and expressions defined in the Act shall have the same meaning when used in this By-Law; (b) words indicating the singular

number shall include the plural and vice versa; and (c) words indicating the holder of an office in the Hospital include a duly authorized delegate, unless otherwise indicated or prohibited by law.

- (2) Unless otherwise indicated, the provisions of Part II of this by-law apply to the Dental Staff and Midwifery Staff in which case the terms “physicians” and Medical Staff members shall read “dentists” and “midwives”; and Dental Staff members and Midwifery Staff members, respectively.

Part II MEDICAL STAFF

Section 3. Qualifications and Considerations

- (1) Before being appointed or reappointed to the Medical Staff, an applicant shall be licensed to practice medicine in the province of Ontario and have medical liability protection coverage acceptable to the Board. Any restriction on the applicant’s license will be reviewed by the Committee Responsible for assessing credentials.
- (2) When the conditions in Section 3(1) are not met the following may be considered:
- (a) Subject to Section 3(2)(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
 - (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 specialty, 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 Department Head concerned and the Committee Responsible for assessing credentials.
- (b) In the case where an applicant does not have one of the qualifications enumerated above in Section 3(2)(a), and where acceptable to the Board, upon recommendations of the Medical Advisory Committee and the Department Head, Division Head and Service Unit Head, 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 of 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.
- (3) In addition to the qualifications set out above, in order to be eligible for appointment or reappointment to the Medical Staff, as the case may be, consideration will be given to the list of matters outlined in Policy A and in Policy B as approved and which may be amended from time to time by the Board upon consultation with the Medical Advisory Committee.

Section 4. Application Procedure for First Appointment

- (1) The Chief Executive Officer/President of the Hospital shall supply a copy of this By-law and any other by-laws of the Hospital, the Medical Policies of the Hospital, the Act and the Hospital Management Regulations made under the Act, together with the prescribed forms for application, to each physician who expresses, in writing, an intention to apply for membership on the Medical Staff for the first time.
- (2) An applicant for membership on the Medical Staff shall submit their application on the prescribed form to the Chief Executive Officer/President.
- (3) Each application shall contain, in addition to those requirements outlined in Policy D, as a Policy approved and which may be amended from time to time by the Board upon consultation with the Medical Advisory Committee:
 - (a) a statement by the applicant that they have read the Act, this By-law, the Medical Policies of the Hospital and, if appropriate, the Affiliation Agreement with the University;
 - (b) an undertaking to support and respect the Vision, Mission and Core Values of the Hospital;
 - (c) an undertaking that if the applicant is appointed to the Medical Staff of the Hospital, the applicant will act in accordance with the requirements set out in this By-Law and the Medical Policies of the Hospital, and will act in accordance with ethical standards of the profession as established by the College of Physicians and Surgeons of Ontario;
 - (d) a list of the privileges that are requested;
 - (e) proof of current membership in the Canadian Medical Protective Association or other medical liability practice protection coverage acceptable to the Board with liability coverage appropriate to the scope and nature of the intended practice;

- (f) in the case of an application for appointment as a member of Other Clinical Staff, a term contract or a Memorandum of Understanding with the Department Head, or the Hospital or a delegate of the Hospital, conditional upon the applicant being granted privileges;
 - (g) a current certificate of Professional Conduct from the College of Physicians and Surgeons of Ontario and a consent addressed to the Registrar of the College authorizing the release of information concerning the applicant to the Hospital; and
 - (h) an up-to-date curriculum vitae.
- (4) Upon receipt of a completed application the Chief Executive Officer/President or delegate shall acknowledge its receipt and shall immediately refer it to the Medical Advisory Committee through the Chief of Staff, who shall keep a record of the application and then refer the original application forthwith to the chair of the Committee Responsible for assessing credentials with a copy to the Administrator Responsible and the appropriate Department Head and, if applicable, the Division Head and Service Unit Head.
- (5) The Committee responsible for assessing credentials shall review all the materials received in the applicant's application and, following such review, shall report to a subsequent meeting of the Medical Advisory Committee as to its assessment of the applicant's qualifications, professional experience, competence and professional reputation and whether these are compatible with the privileges requested.
- (6) The Medical Advisory Committee shall:
- (a) receive and consider forthwith the report of the Committee Responsible for assessing credentials;
 - (b) send, within 60 days of the date of receipt by the Chief Executive Officer/President of a complete application, notice of its recommendations to the Board and the applicant, in accordance with the Act; and
 - (c) if the Committee responsible for assessing credentials concurs, recommend that a newly selected Department Head, Division Head or Service Unit Head may be appointed to the Active Staff despite Section 4(14).
- (7) Notwithstanding Section 4(6), the Medical Advisory Committee may make its recommendation later than 60 days after the date of receipt of the application if, prior to the expiry of the 60 day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within such 60 day period and gives written reasons therefore.
- (8) Where the Medical Advisory Committee recommends the appointment, it shall specify the category of appointment and the specific privileges it recommends the applicant be granted.

- (9) Where the Medical Advisory Committee does not recommend an appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall give written notice to the applicant and the Board of its recommendation, and shall inform the applicant 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 receipt by the applicant of notice of the recommendation; and
 - (b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven days of the receipt by the applicant of the written reasons referred to in paragraph (a) above.
- (10) Where the applicant does not request a hearing by the Board within the time limit referred to in Section 4(9)(b), the Board may implement the recommendation of the Medical Advisory Committee.
- (11) Where an applicant requests a hearing by the Board within the time limit referred to in Section 4(9)(b) it shall be dealt with in accordance with the applicable provisions of the Act.
- (12) In addition to any other grounds and in addition to any other provisions of this By-Law, the Board may refuse a first appointment or a request for change in privileges to the Medical Staff on any of the following grounds:
 - (a) The appointment is not consistent with the need for services as determined by the Hospital's medical human resource plan; or
 - (b) The Hospital does not have sufficient resources to accommodate the applicant.
- (13) Subject to sub-section 37(2) of the Act, each first appointment shall be for a term until the later of:
 - (a) the end of the fiscal year in which such appointment is made; and
 - (b) the date on which the Board appoints the Medical Staff for the following fiscal year.
- (14) The first appointment of applicants shall be to Associate Staff except as contemplated in Section 4(6)(c).
- (15) For Medical Staff who will provide care at the Institute, the Chief Executive Officer of the Institute, together with the Head of Department, will make recommendations to the Medical Advisory Committee for the appointment of Medical Staff.

Section 5. Reappointments

- (1) (a) The Board shall annually require that each member of the Medical Staff make application in the form prescribed, to the Chief Executive Officer/President or delegate, to the Board, for reappointment to the Medical Staff.
- (b) Upon receipt of a completed application, the Chief Executive Officer/President or delegate shall acknowledge its receipt and shall immediately refer it to the Medical Advisory Committee through the Chief of Staff/Chair of the Medical Advisory Committee, who shall keep a record of the application and then refer the original application forthwith to the chair of the Committee Responsible for assessing credentials with a copy to the Administrator Responsible and the appropriate Department Head and, if applicable, the Division Head and Service Unit Head.
- (c) Each application for reappointment shall comply with the provisions of Section 4(3)(a) to (g), and, if requested by the Chief Executive Officer/President, (h).
- (d) Each application for reappointment to the Medical Staff shall contain the following information and also consider any requirements outlined in Policy A and Policy B (performance appraisal), as policies approved from time to time by the Board upon consultation with the Medical Advisory Committee:
- (i) a restatement or confirmation of the undertakings and acknowledgements requested as part of an application for appointment or as required by the Medical Policies from time to time;
 - (ii) either:
 - a. a declaration that all information on file at the Hospital from the applicant's most recent application is up-to-date, accurate and unamended as of the date of the current application; or
 - b. a description of all material changes to the information on file at the Hospital since the applicant's most recent application, including without limitation: information regarding any completed disciplinary or malpractice proceedings; any restriction in privileges or suspensions during the past year; and, any illnesses that may impact the applicant's ability to practice medicine, and
 - (iii) such other information that the Board may require, respecting competence, capacity and conduct, having given consideration to the recommendation of the Medical Advisory Committee.
- (e) Each application for reappointment, where the applicant is a member of the medical staff at another hospital, shall contain a description of any complaints against the

applicant at that hospital during the past year, and, if requested, an authorization to the other hospital to release information to the Hospital.

- (f) Each application for reappointment shall contain a record or report of any additional professional qualifications acquired by the applicant since the previous application and shall also include a request for the continuation of, or any change in, the applicant's existing Hospital privileges, and demonstrate that the applicant has maintained competency in the scope of practice for which privileges are requested.
- (g) Each application for reappointment shall be accompanied by the written recommendation of the appropriate Department Head, and, if applicable, Division Head and Service Unit Head.
- (h) In the case of an application for reappointment in which the physician requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
- (i) Any changes in the nature or scope of the applicant's practice will require approval of the Medical Department Head and the Administrator Responsible.
- (j) In the case of an application for reappointment in which the physician wishes to assume, or wishes to terminate the assumption of, formal clinical or academic duties, the reappointment must be consistent with the need for services as determined by the Hospital's medical human resource plan.
- (k) Subject to sub-section 37(2) of the Act, each reappointment shall be for a term until later of:
 - (i) the end of the fiscal year in which such appointment is made; and
 - (ii) the date on which the Board reappoints the Medical Staff for the following fiscal year.
- (2) The Medical Advisory Committee shall recommend to the Board whether the Board should approve an application for reappointment and in making its recommendation shall deal with the considerations set out in Section 3(3) of this By-Law, and any conditions to be imposed on the reappointment.
- (3) The application for reappointment shall be processed in accordance with and subject to the requirements of Section 4(5) to (10).
- (4) For Medical Staff who will provide care at the Institute, the Chief Executive Officer of the Institute, together with the Heads of Departments will make recommendations to the Medical Advisory Committee for the reappointment of Medical Staff.

Section 6. University Affiliation

- (1) The Hospital is an academic teaching hospital and operates under an affiliation agreement and an appointment to the Faculty of Medicine of the University shall be required for all new Active and Associate physician applicants.
- (2) Physicians who assume formal academic duties shall be required to hold an appointment to the Faculty of Medicine of the University.
- (3) The appointment or reappointment of any physician who holds an appointment to the Faculty of Medicine of the University shall be made in accordance with the Affiliation Agreement.

Section 7. Privileges

- (1) Subject to Section 7(3), a physician 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.
- (2) 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. The Department Head will annually review the nature and scope of the applicant's practice as part of annual performance review process. The nature and scope of practice will be agreed upon between the applicant and the Department Head 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.
- (3)
 - (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 purpose of paragraph (a) above, an emergency is as defined by the *Health Care Consent Act* (Ontario).
 - (c) After consultation with the Department Head 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 Department Head concerned or, if they are a Department Head, under the supervision of the Chief of Staff.
 - (f) For Medical Staff who will provide care at the Institute, the Chief Executive Officer of the Institute, together with the Heads of Departments, will make

recommendations to the MAC for the specific privileges to be granted and the procedures they are authorized to perform.

Section 8. Change in Privileges

- (1) Each member of the Medical Staff seeking a change in the privileges which they have been granted, or the procedures which they are authorized to perform, other than a request for additional privileges at the time of annual reappointment as contemplated at Section 5(1)(f), shall submit their request for such a change, in writing, on the prescribed form, to their Department Head who shall forward it with a recommendation to the Chief of Staff within one month of receipt.
- (2) A request for a change in the privileges granted to a member of the Medical Staff or the procedures which they are allowed to perform shall be dealt with in accordance with Section 4(4) to (12).

Section 9. Absences

- (1) Medical Staff members who have hospital responsibilities may apply for leave of absence, sabbatical leave or leave for other reasons through their Department Head in accordance with the Medical Policies.
- (2) When a Medical Staff member has been absent from the Hospital for more than one year on leave of absence, on sabbatical leave, or for any other reason, they shall submit an application in the prescribed form for appointment as prescribed under Section 4.

Section 10. Relinquishment of Privileges

- (1) If a member of the Medical Staff wishes to relinquish their privileges, they shall provide 90 days notice to the Department Head and the Administrator Responsible. If a Department Head wishes to relinquish their privileges, they shall notify the Chief of Staff and the Administrator Responsible.
- (2) If a member of the Medical Staff stops participating in all of their regularly planned hospital activities for more than 30 days without notice and without consent of the Department Head, their privileges will be deemed to have been relinquished.
- (3) Upon such notice or abandonment of hospital activities, the Medical Staff member will be deemed to have relinquished their privileges.

Section 11. Monitoring, Suspension and Revocation

11.1 Monitoring Practices and Transfer of Care

- (1) Any aspect of patient care or Medical Staff conduct being carried out in the Corporation may be reviewed without the approval of the member of the Medical Staff responsible for such care by the Chief of Staff or delegate or Department Head or delegate.
- (2) Where any member of the Medical Staff or Corporation staff reasonably believes that a member of the Medical Staff 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, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to one of the Chief of Staff (or delegate), the relevant Department Head (or delegate) or the Chief Executive Officer (or delegate), so that appropriate action can be taken.
- (3) A Department Head or delegate, on notice to the Chief of Staff or delegate, where they believe it to be in the best interest of the patient, shall have the authority to examine the condition and scrutinize the treatment of any patient in 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 delegate or a Department Head or delegate becomes aware that, in their opinion a serious problem exists in the diagnosis, care or treatment of a patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment of the patient with the attending member of the Medical Staff. If changes in the diagnosis, care or treatment satisfactory to the Chief of Staff or delegate or the Department Head or delegate, as the case may be, are not made, they shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the patient.
- (5) Where the Chief of Staff or delegate or a Department Head or delegate has cause to take over the care of a patient, the Chief Executive Officer, the Chief of Staff or the Department Head, as the case may be, and one other member of the Medical Advisory Committee, the attending member of the Medical Staff, 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 delegate or the Department Head or delegate shall file a written report with the Medical Advisory Committee within forty-eight (48) hours of their action.
- (6) Where the Medical Advisory Committee concurs with the opinion of the Chief of Staff or delegate or Department Head or delegate who has taken action under Section 11.1(4) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer/President and the Board of the problem and the action taken.

11.2 Suspension, Restriction or Revocation of Privileges

- (1) The Board may, at any time, in a manner consistent with the Act and this By-law, revoke or suspend any appointment of a member of the Medical Staff or revoke, suspend, restrict or otherwise deal with the privileges of a member of the Medical Staff.
- (2) Any administrative or leadership appointment of the member of the Medical Staff will automatically terminate upon the restriction, revocation or suspension of privileges or, revocation of appointment, unless otherwise determined by the Board.
- (3) Where an application for appointment or reappointment is denied or, the privileges of a member of the Medical Staff have been restricted, suspended or revoked, by reason of incompetence, negligence or misconduct, or the member resigns from the Medical Staff during the course of an investigation into their competence, negligence or misconduct, the Chief Executive Officer/President shall prepare and forward a detailed written report to the member's regulatory body as soon as possible, and not later than thirty (30) days.

11.3 Immediate Action

- (1) The Chief Executive Officer/President or delegate or Chief of Staff or delegate may temporarily restrict or suspend the privileges of any member of the Medical Staff, in circumstances where in their opinion the member's conduct, performance or competence:
 - (a) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
 - (b) is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Hospital, and immediate action must be taken to protect patients, health care providers, employees and any other person at the Hospital from harm or injury.
- (2) Before the Chief Executive Officer/President or delegate or the Chief of Staff or delegate takes action authorized in Section 11.3(1), they shall first consult with the other. If such prior consultation is not possible or practicable under the circumstances, the person who takes the action authorized in 11.3(1) shall provide immediate notice to the other. The person who takes the action authorized in 11.3(1) shall forthwith submit a written report on the action taken with all relevant materials and/or information to the Medical Advisory Committee.

11.4 Non-Immediate Action

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

- (a) fails to meet or comply with the criteria for annual reappointment; or
 - (b) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
 - (c) is or is reasonably likely to be, detrimental to patient safety or to the delivery of quality patient care within the Hospital or impact negatively on the operations of the Hospital; or
 - (d) fails to comply with the Hospital's by-laws, Rules and Regulations, or Policies, the *Public Hospitals Act* or any other relevant law.
- (2) Prior to making a recommendation as referred to in section 11.4(1), an investigation may be conducted. Where an investigation is conducted it may be assigned to an individual within the Hospital, other than the Medical Advisory Committee, or to an external consultant.

11.5 Referral to Medical Advisory Committee for Recommendations

- (1) Following the temporary restriction or suspension of privileges under section 11.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a member of the Medical Staff under section 11.4, the following process shall be followed:
- (a) the Department Head, of which the individual is a member, or an appropriate alternate designated by the Chief of Staff or delegate shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation, as the case may be, with all relevant materials and/or information;
 - (b) a date for consideration of the matter will be set, not more than ten (10) 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 forty-eight (48) hours prior to the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of,
 - (i) the time and place of the meeting;
 - (ii) the purpose of the meeting; and
 - (iii) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.
- (2) The date for the Medical Advisory Committee to consider the matter under section 11.5(1)(b) may be extended by,
- (a) an additional five (5) days in the case of a referral under section 11.3; or

- (b) any number of days in the case of a referral under section 11.4, if the Medical Advisory Committee considers it necessary to do so.
- (3) The Medical Advisory Committee may:
 - (a) set aside the restriction or suspension of privileges; or
 - (b) recommend to the Board a suspension or revocation of the appointment or a restriction, suspension or revocation of privileges on such terms as it deems appropriate. Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a committee of the Medical Advisory Committee.
- (4) If the Medical Advisory Committee recommends the continuation of the restriction or suspension or a revocation of privileges or recommends a revocation of appointment and/or makes further recommendations concerning the matters considered at its meeting, the Medical Advisory Committee shall within twenty-four (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 (7) days of the member's receipt of the notice of the recommendation; and
 - (b) a hearing before the Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the receipt by the member of the written reasons requested.
- (6) If the member requests written reasons for the recommendation under section 11.5(5), the Medical Advisory Committee shall provide the written reasons to the member within forty-eight (48) hours of receipt of the request.

Section 12. Board Hearing

12.1 Board Hearing

- (1) A hearing by the Board shall be held when one of the following occurs:
 - (a) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or

- (b) the Medical Advisory Committee makes a recommendation to the Board that the privileges of a member of the Medical Staff be restricted, suspended or revoked or an appointment be revoked and the member requests a hearing.
- (2) The Board will name a place and time 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) In the case of immediate suspension or revocation of privileges, the Board hearing shall be held within seven (7) days of the date the applicant or member requests the hearing under section 12.1(1). In the case of non-immediate suspension or revocation of privileges, subject to section 12.1(4), the Board hearing will be held as soon as practicable but not later than twenty eight (28) days after the Board receives the written notice from the member or applicant requesting the hearing.
- (4) The Board may extend the time for the hearing date if it is considered appropriate.
- (5) The Board will give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least five (5) days before the hearing date.
- (6) The notice of the Board hearing will include:
 - (a) the place and time of the hearing;
 - (b) the purpose of the hearing;
 - (c) a statement that the applicant or member and Medical Advisory Committee will be afforded an opportunity to examine prior to the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
 - (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 time for the hearing may be extended by the Board on the application of any party; and
 - (f) a statement that if the applicant or member does not attend the meeting, the Board may proceed in the absence of the applicant or member, and the applicant or member will not be entitled to any further notice in the hearing.
- (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, prior to the hearing, any written or documentary

- evidence that will be produced, or any reports the contents of which will be used in evidence.
- (9) Members of the Board holding the hearing will not have taken part in any investigation or consideration of the subject matter of the hearing and will not communicate directly or indirectly in relation to the subject matter of the hearing with any person or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
 - (10) The findings of fact of the Board pursuant to a hearing will be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.
 - (11) No member of the Board will participate in a decision of the Board pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board will be given unless all members so present participate in the decision.
 - (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, but not limited to, the considerations set out in Section 3, Section 5, Section 7 and Section 8 respectively.
 - (13) A written copy of the decision of the Board will 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 (3rd) 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.

Section 13. Retirement Planning

There is no fixed retirement date and future career planning should be done on an ongoing basis with all Medical Staff. However, it is expected that all Medical Staff should discuss their proposed retirement plans with their Department Head 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 (60) 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 (the "Plan"), with the member's reappointment application to the member's Department Head, if the member plans to remain a member of the Medical Staff after they attain age 65 years.
- (2) The 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 Department Head shall ensure that each member of their department who is over the age of sixty (60) years shall submit the member's Plan with every reappointment application of the member. A member is required to annually update their Plan only if there are any changes.
 - (4) A copy of all Plans shall be sent by all Department Heads to the Medical Affairs Office.
 - (5) A Department Head shall discuss the member's Plan with the member with particular reference to how the Plan deals with the considerations set out in Section 3(3) of this By-Law. The Plan of the member and how it deals with the considerations set out in Section 3(3) of this By-Law shall be taken into consideration by the Department Head in making their recommendation to the Medical Advisory Committee on the reappointment of the member to the Medical Staff.

Section 14. Honorary Staff Designation

- (1) Medical Staff may be honoured annually by the Board by being designated as a member of the Honorary Staff, because they:
 - (a) are a former member of the Medical Staff who has retired from active practice; and
 - (b) have made an exemplary contribution to their Department and the Hospital; and
 - (c) have an outstanding reputation; and
 - (d) have been provided an annual letter of support from their Department Head.
- (2) Members of the Honorary Staff may:
 - (a) Participate in limited teaching roles on-premises, in non-clinical areas;
 - (b) Attend, but shall not vote at, Medical Staff meetings;
- (3) Request access to the Hospital's email, library services and Medical Staff lounges. Members of the Honorary staff shall not:
 - (a) Have privileges or provide patient care;

- (b) Have access to clinical information systems;
- (c) Have administrative duties or responsibilities;
- (d) Be required by the Hospital to maintain professional practice liability insurance or licensure;
- (e) Be eligible to hold elected or appointed offices in the Medical Staff; and
- (f) Be bound by the attendance requirements for the Medical Staff meetings.

Section 15. 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 respective scopes of practice. Accordingly, resources, duties and clinical activities will be outlined annually as agreed upon, within the process of annual performance reviews.

The categories of medical staff privileges are granted annually through the appointment and reappointment process however, the specific details of the medical staff's clinical and academic practice are outlined annually and constitute part of the departmental annual performance review process.

- (2) 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; and
 - (f) Scientific Staff

Section 16. Active Staff

- (1) The Active Staff shall consist of members of the Medical Staff:
- (a) who have completed satisfactory service as Associate Staff members; or
 - (b) who are appointed pursuant to Section 4(6)(c).

- (2) Each member of the Active Staff shall:
- (a) admit, attend on or provide medical services to patients in the Hospital within the limits of their competence, as described in the annual performance assessment process, and the privileges granted by the Board;
 - (b) be assigned to one or more Departments, Divisions or Service Units of the Medical Staff;
 - (c) undertake such duties as may be assigned by their Department Head or by the Chief of Staff;
 - (d) attend meetings of their Department, their Division, and their Service Unit;
 - (e) with the exception of Midwifery Staff, be entitled to vote at all Medical Staff meetings, and
 - (f) unless excused by the Medical Advisory Committee, accept committee assignments and attend the meetings of any committee to which they may be assigned.

Section 17. Associate Staff

The Associate Staff shall consist of all members of the Medical Staff during their first, second and third appointment terms to the Medical Staff, except those appointed to the Active Staff pursuant to Section 4(6)(c) of this By-Law.

- (1) Each member of the Associate Staff shall:
- (a) work under the counsel and supervision of an Active Staff member named by the Department Head to which they have been assigned by the Medical Advisory Committee;
 - (b) admit, attend on or provide medical services to patients in the Hospital within the limits of their competence as described in the initial appointment process and the annual performance assessment process, and the privileges granted by the Board;
 - (c) undertake such duties in respect of patients classed as emergency cases and patients of out-patient departmental clinics as may be assigned by their Department Head or by the Chief of Staff;
 - (d) attend meetings of their Department and, if applicable, their Division and Service Unit;
 - (e) with the exception of Midwifery Staff, be entitled to vote at all Medical Staff meetings; and

- (f) unless excused by the Medical Advisory Committee, accept committee assignments and attend the meetings of any committee to which they may be assigned.
- (2) At the end of the second appointment term to the Medical Staff, the Department Head to whom the Associate Staff member has been assigned shall, after consultation with the Active Staff member who supervised them and after an in depth performance review, make a written recommendation, through the Committee responsible for assessing credentials, to the Medical Advisory Committee, concerning the knowledge and skills demonstrated by the Associate Staff member, the nature and quality of their clinical and/or academic work and whether they should be appointed to the Active Staff.
- (a) If a recommendation is made not to appoint them to the Active Staff, then the Associate Staff member may be provided the opportunity in their third year to meet satisfactory clinical and academic performance expectations.
 - (b) Following a formal in-depth performance review, the Department Head shall make a written recommendation at the end of the third appointment term to the Medical Advisory Committee whether they should be appointed to the Active Staff
 - (c) The Medical Advisory Committee shall recommend to the Board whether the Associate Staff member be appointed to the Active Staff. If any recommendation made under Section 16(2)(a) or (b) of this By-Law is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend that the appointment of the Associate Staff be terminated.
 - (d) In no event shall an appointment to the Associate Staff be continued for more than three (3) years.

Section 18. Other – Locum Tenens

- (1) Other - Locum Tenens staff shall consist of physicians who:
- (a) for the maximum of a one-year period temporarily act as a member of the Medical Staff in order to cover for active staff who are on a leave; or
 - (b) temporarily provide coverage for an unanticipated incremental demand or new clinical service requirement within a given Department or Division. In this case, the Department or Division must be actively seeking to recruit permanent medical staff.
- (2) Other - Locum Tenens shall:
- (a) have admitting privileges unless otherwise specified;
 - (b) undertake such duties as may be assigned by his/her Department Head or by the Chief of Staff;

- (c) shall be eligible and encouraged to attend meetings of the Medical Staff, his/her Department, his/her Division and his/her Service Unit; and
 - (d) be aware of, and adhere to TOH policies and procedures, as for any physician with privileges at The Ottawa Hospital.
- (3) Locum Tenens shall not:
- (a) be eligible to vote at meetings of the Medical Staff or hold office; or
 - (b) be required to accept Committee assignments.

Section 19. Other Clinical Staff (Formerly, Consulting, Courtesy, Assistant Staff)

- (1) Other Clinical Staff shall consist of physicians, or other appropriately trained individuals who may or may not be working under the supervision of a Medical Staff member, who, because of their knowledge, skills or experience, learning needs, and contribution to patient care and research, the Hospital may, from time to time, wish to appoint to the Medical Staff.
- (2) Members of the Other Clinical Staff may be granted professional privileges the scope of which will be determined annually by the appropriate Department Head, Division Head, or Service Unit Head. These privileges may include, working in a laboratory; visiting patients in the Hospital; reviewing and making notes in the patient's health record; assisting in the services of a department/division/service unit with patient care activities; functioning under the supervision of a member of the Medical staff to enhance patient care or for the purposes of research, however, Other Clinical Staff may not admit patients or be the most responsible physician.

Section 20. Learners

(1) Learner – Fellow

- (a) 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 Chief Executive Officer/President, Department Head and, if applicable, Division Head and Service Unit Head, in accordance with the prevailing arrangements with the University. Appointments of Fellows shall be ratified 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.
- (b) 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.

- (c) Fellows shall not be the Most Responsible Physician (MRP).
- (d) Each Fellow shall:
 - (i) Work under the supervision of the Department Head, or the Division Head, as delegated by the Department, to which they have been assigned by the Medical Advisory Committee;
 - (ii) Undertake to care for patients within the limitations of their license and restrictions outlined by the Board; and
 - (iii) Abide by all Hospital policies and procedures.
- (e) Each Fellow 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.

(2) Learner – Scholars

- (a) Scholars shall consist of medical graduates who are fully qualified in a specialization and are continuing their education in a non-clinical field (ie. Masters) and are appointed on the recommendation of their University with the support of the Chief Executive Officer/President, Department Head and, if applicable, Division Head and Service Unit Head, in accordance with the prevailing arrangements with their University. Appointments of Scholars shall be ratified annually by the Board and, in any case, shall be for a term not in excess of two years.
- (b) Each Scholar shall:
 - (i) Have admitting privileges, if required;
 - (ii) Work under the counsel and supervision of an Active Staff member named by the Department Head to which they have been assigned by the Medical Advisory Committee;
 - (iii) Undertake to attend to the care of assigned patients and treat them within the privileges granted by the Chief of Staff; and
 - (iv) Abide by all Hospital policies and procedures.

Section 21. Scientific Staff

- (1) A scientist providing diagnostic services to 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 Department Head, or the Division Head, as delegated by the Department Head, the treatment of patients.
- (3) Scientific Staff shall abide by all Hospital policies and procedures.

Section 22. Medical Staff Duties - General

- (1)
 - (a) Every member of the Medical Staff shall give the best possible care to patients in the Hospital.
 - (b) They are accountable to and shall recognize the authority of the Board through the Chief of Staff and appropriate Department Head(s).
 - (c) They shall cooperate with:
 - (i) members of the Medical Staff individually and collectively;
 - (ii) the Chief Executive Officer/President;
 - (iii) the Chief of Staff;
 - (iv) the Department Head and, if applicable, the Division Head and the Service Unit Head, to which they have been assigned;
 - (v) the Medical Advisory Committee; and
 - (vi) the other members of the multi-disciplinary health team.
- (2) Each member of the Medical Staff shall perform the duties, undertake the responsibility and comply with the provisions set out in this By-law and the Medical Policies, including Policy outlined in Policy C as approved, from time to time, by the Board upon consultation with the Medical Advisory Committee.
- (3) Each member of the Medical Staff shall forthwith advise the Chief of Staff of the commencement of any College disciplinary proceeding, proceedings to restrict or suspend privileges at other hospitals, or malpractice actions.

Part III DEPARTMENTS AND DIVISIONS OF MEDICAL STAFF

Section 23. Departments

- (1) The Board, on the advice of the Medical Advisory Committee, may divide the Medical Staff into Departments.
- (2) The Board may, at any time, in consultation with the Medical Advisory Committee and the Chief of Staff, establish additional Departments or abolish Departments.
- (3) Each Department shall hold a sufficient number of meetings in each calendar year to allow for effective administration of the Department.

Section 24. Appointment of Department Heads

- (1) The Board, upon the recommendation of the Medical Advisory Committee, after considering the recommendation of the members of the Selection Committee, shall appoint or reappoint a member of the Active Staff or a person eligible for appointment to the Active Staff to be the Department Head for each Department. The Board may also suspend or revoke the appointment of the Head of a Department on the recommendation of the Medical Advisory Committee.
- (2) The composition of the Selection Committee shall, to the extent reasonably practicable, reflect the gender balance of the Hospital Medical Staff. Notwithstanding the foregoing sentence, there shall be at least two men and two women on the Selection Committee.
- (3) (a) A Selection Committee shall be established and composed of:
 - (i) the Chief of Staff, or delegate;
 - (ii) two representatives selected by the Department concerned;
 - (iii) two members of the Medical Advisory Committee elected by the Medical Advisory Committee, neither of whom shall be a member of the Department concerned;
 - (iv) Organizational Dyad;
 - (v) if there is a corresponding University department, the Dean of the Faculty of Medicine of the University, or delegate;
 - (vi) an appointee of the Board;
 - (vii) with the consent of the Medical Advisory Committee and on the recommendation of the Chief Executive Officer/President, other members of the health care team or administration;

- (viii) where there is a Joint Selection Committee (University and Hospital), the membership of the committee should reflect the Hospital By-laws and the University's By-laws; and
 - (ix) Chairmanship should be a joint responsibility between the hospital and the university.
- (b) The Selection Committee shall invite applications from qualified persons.
- (c) The Selection Committee may, if it deems it advisable, seek the advice of physicians of repute who are not members of the Medical Staff about suitable candidates.
- (d) The Selection Committee shall invite all members of the Department concerned to submit recommendations and nominations in writing.
- (e) The Selection Committee shall consult The Ottawa Hospital Research Institute regarding research related impact.
- (f) The Selection Committee shall present its recommendations to the Medical Advisory Committee and the Medical Advisory Committee shall make its recommendations to the Board.
- (4)
 - (a) The Department Head shall, subject to annual confirmation, be appointed for a term of five years. At the end of the five-year term, a formal review pursuant to Section 28 should be established, if the incumbent wishes to continue to act as Department Head for a further term.
 - (b) Except in special circumstances, no member of the Medical Staff shall serve an aggregate of more than ten consecutive years as a Department Head.
- (5)
 - (a) Where necessary, the Chief of Staff through the Medical Advisory Committee shall recommend to the Board an Acting Head of a Department.
 - (b) The appointment shall be for a period not to exceed 12 months, subject to reappointment, and may continue until a replacement is identified.
 - (c) The responsibilities of an Acting Head of Department shall be those of a Head of Department.

Section 25. Department Heads - General

- (1) A Department Head shall:
 - (a) be responsible to the Chief of Staff for the quality of medical diagnosis, care and treatment of all patients in their Department, ensuring that there are sufficient

physicians to cover the clinical needs of patients who require their specific clinical skills, including annually reviewing a member's scope of activity and capacity to perform all assigned clinical activities, ensuring compliance with the Hospital's Quality Plan, focusing on priorities identified therein, and associated performance indicators.

- (b) ensure appropriate on-site management at each site where the Department is located;
- (c) facilitate clinical education and research programs within their Department;
- (d) be accountable for academic leadership by advancing the academic mission of the hospital;
- (e) be responsible for all members of their Department and make recommendations to the Medical Advisory Committee regarding their appointment, reappointment, promotion and any disciplinary action to which they should be subject;
- (f) sit on the Medical Advisory Committee;
- (g) in consultation with members of the Department, name a deputy who shall assume their duties in their absence;
- (h) put in place such management processes that will ensure that the department is appropriately managed and communication with members and the Hospital is sufficient;
- (i) participate fully in the appointment and reappointment process for Medical Staff in the Department; and
- (j) follow the Medical Policy regarding job descriptions for Department and Division Heads, as approved, from time to time, by the Board in consultation with the Medical Advisory Committee.

Section 26. Divisions

The Board may, upon the recommendation of the Medical Advisory Committee, establish, within Departments, such Divisions as it deems fit and it may, upon the recommendation of the Medical Advisory Committee, abolish such Divisions.

Section 27. Appointment of Division Heads

- (1) The Board, in consultation with the Medical Advisory Committee, after considering the recommendation of the members of the Selection Committee, shall appoint or reappoint a member of the Active Staff or a person eligible to be a member of the Active Staff to be the Division Head for each Division. The Board may also suspend or revoke the

appointment of the Head of a Division on the recommendation of the Medical Advisory Committee.

- (2) The composition of the Selection Committee shall, to the extent reasonably practicable, reflect the gender balance of the Hospital Medical Staff. Notwithstanding the foregoing sentence, there shall be at least two men and two women on the Selection Committee.
- (3) (a) A Selection Committee composed of the following persons shall be established:
 - (i) the Department Head concerned shall be the Chair;
 - (ii) one member of the Medical Advisory Committee elected by the Medical Advisory Committee, who shall not be a member of the Department concerned;
 - (iii) Organizational Dyad;
 - (iv) if there is a corresponding University division, the Dean of the Faculty of Medicine of the University or their delegate;
 - (v) one representative of that Division if it consists of not more than nine Active Staff members or two representatives of that Division if it consists of ten or more Active Staff members;
 - (vi) with the consent of the Medical Advisory Committee, another member of the health care team or administration concerned and the executive member of the program;
 - (vii) where a Division is being created, the Medical Advisory Committee will appoint two potential members of the Division; and
 - (viii) where there is a Joint Selection Committee (University and Hospital), the membership of the committee should reflect the Hospital's By-laws and the University's By-laws.
- (b) The Selection Committee shall follow the procedure in Section 24(3)(b) to 24(3)(f)
- (c) Where the appointment or reappointment of a Division Head concerns a physician, who is also the Department Head, the responsibilities of the Department Head under Part III, Section 27(3)(a)(i) shall be fulfilled by the Chief of Staff or delegate.
- (d) Where the appointment or reappointment of a Division Head concerns a physician providing care at the Institute, the Institute's Chief Executive Officer, as chair of the Institute's Recruitment and Credentials Committee, together with the Head of the Department, will make recommendations to the Medical Advisory Committee.

- (4) (a) The Division Head shall, subject to annual confirmation, be appointed for a term of five years. At the end of the five-year term, a formal review pursuant to Section 28 should be established, if the incumbent wishes to continue in that position for a further term.
- (b) Except in special circumstances, no member of the Medical Staff shall serve an aggregate of more than ten consecutive years as a Division Head.
- (5) (a) Where necessary, the Department Head shall recommend to the Medical Advisory Committee an Acting Head of a Division.
- (b) The appointment shall be for a period not to exceed 12 months, subject to reappointment, and may continue until a replacement is identified.
- (c) The responsibilities of an Acting Head of Division shall be those of a Head of Division.

Section 28. Review Committee Composition for Department/Division Heads

- (1) The composition of the Review Committee shall, to the extent reasonably practicable, reflect the gender balance of the Hospital Medical Staff. Notwithstanding the foregoing sentence, there shall be at least two men and two women on the Review Committee.
- (2) The Review Committee shall consist of:
 - (a) the Chief of Staff, or the Administrator Responsible, who shall be the Chair for Department Heads' review; however, when a Division Head is being reviewed the Head of the Department shall be the Chair instead of the Chief of Staff;
 - (b) two representatives from the Hospital Department or Division concerned who shall be elected by the Active Staff of the Department or Division by a two-thirds majority where there are more than ten such members in the Department or Division or, otherwise by a simple majority;
 - (c) an appointee of the Board for the Head of Department review, and at the discretion of the Board, an appointee of the Board for the Head of Division review;
 - (d) two members of the Medical Advisory Committee elected by the Medical Advisory Committee for the Head of Department review and one member of the Medical Advisory Committee elected by the Medical Advisory Committee for the Head of Division review;
 - (e) the Chair of the corresponding University department;

- (f) when the Hospital Department Head under review is also the Chair of the corresponding University Department, then the Dean of the Faculty of Medicine of the University, or delegate;
 - (g) Organizational Dyad;
 - (h) with the consent of the Medical Advisory Committee, a member of the Administration; and
 - (i) where there is consideration for an extension of a joint appointment, then the Review Committee membership should meet the requirements of the Hospital By-laws and the appropriate University By-laws.
- (3) Establishment of the Review Committee:
- (a) one year prior to the end of the five-year term of a Head of a Department/Division, the Chief of Staff for a Department Head and the Department Head for a Division Head, shall ask in writing if the incumbent wishes to continue in that position for a further period:
 - (i) if the written response is affirmative, the appropriate Review Committee will be struck to review before the 5-year term has elapsed; or
 - (ii) if the written answer is negative, the appropriate Search Committee will be struck.
 - (b) the Chief of Staff for a Department Head or the Department Head for a Division Head may recommend the extension of the existing Head until a replacement has been found.
- (4) Duties of the Review Committee:
- (a) review the appointment of an incumbent Head of a Department or Division not less than six months before the end of the current 5-year appointment as Head;
 - (b) notwithstanding paragraph (a) above, meet at any time to review any appointment on the direction of the Chief of Staff who shall provide written reasons to the Review Committee indicating why the review has been ordered;
 - (c) review and assess the stewardship of the Head;
 - (d) if deemed advisable, seek and consider the advice of not more than three physicians of national repute who are not members of the Medical Staff and who may sit with the Review Committee but shall not vote; and
 - (e) forward its recommendation to the Medical Advisory Committee. The Medical Advisory Committee shall then make a recommendation to the Board;

- (f) if a Review Committee is going to recommend to the Medical Advisory Committee the termination of the Head or that a Head not be reappointed, a written notice of such recommendation shall be given by the Review Committee to the Head concerned, together with reasons. The Head shall, if they so request in writing within ten days of the receipt of the notice from the Review Committee, be entitled to attend and make presentations to the meeting of the Medical Advisory Committee, which considers the recommendation of the Review Committee;
- (g) If the Medical Advisory Committee is going to recommend to the Board the termination of a Head, or that a Head not be reappointed, a written notice of such recommendation shall be given by the Medical Advisory Committee to the Head concerned, together with reasons. The Head shall, if they so request in writing within ten days of the receipt of the notice from the Medical Advisory Committee, be entitled to a hearing before the Board.

Section 29. Division Heads - General

- (1) A Division Head shall be responsible to their Department Head and to the Chief of Staff for:
 - (a) the quality of medical diagnosis, care and treatment of all patients in their Division;
 - (b) ensuring appropriate on-site management at each site where the Division is located;
 - (c) facilitating clinical education and research programs within their Division; be responsible for all members of their Division and make recommendations to the Medical Advisory Committee, through their Department Head, regarding their appointment, reappointment, promotion and any disciplinary action to which they should be subject;
 - (d) in consultation with members of the Division, naming a deputy who shall assume their duties in their absence; and
 - (e) participating fully in the performance review and appointment and reappointment process for Medical Staff in his/her Division.

Section 30. Service Units

The Board may, upon the recommendation of the Medical Advisory Committee, establish, within the Hospital, such Service Units as it deems fit and it may, upon the recommendation of the Medical Advisory Committee, abolish such Service Units.

Section 31. Appointment of Service Unit Heads

- (1) The Board, in consultation with the Medical Advisory Committee, after considering the recommendation of the members of the Service Unit, shall appoint or reappoint a member of the Active Staff or a person eligible to become a member of the Active Staff, to be the Service Unit Head for each Service Unit. The Board may also suspend or revoke the appointment of the Head of the Service Unit on the recommendation of the Medical Advisory Committee.
- (2)
 - (a) The composition of the Selection Committee shall, to the extent reasonably practicable, reflect the gender balance of the Hospital Medical Staff. Notwithstanding the foregoing sentence, there shall be at least two men and two women on the Selection Committee.
 - (b) A Selection Committee composed of the following persons shall be established:
 - (i) the Chief of Staff, or delegate, shall be Chair;
 - (ii) up to four members of the Active Staff appointed by the Medical Advisory Committee, including at least one representative of the Service Unit who shall be selected by the Active Staff of the Service Unit by a two-thirds majority where there are more than ten such members in the Service Unit or, otherwise by a simple majority; if the required majority cannot be obtained, the representatives shall be selected in such other manner as the Medical Advisory Committee shall determine;
 - (iii) Organizational Dyad;
 - (iv) with the consent of the Medical Advisory Committee and on the recommendation of the Chief Executive Officer/President, another member of the health care team or administration concerned, other than a member of the Medical Staff; and
 - (v) where a Service Unit is being created, the Medical Advisory Committee will appoint two potential members of the Service Unit.
 - (b) The Selection Committee shall follow the procedure in Section 24(3)(b) to 24(3)(f).
 - (3) The Service Unit Head shall, subject to annual confirmation, be appointed for a term of five years.
 - (a) Except in special circumstances, no member of the Medical Staff shall serve an aggregate of more than ten consecutive years as a Service Unit Head.
 - (4)
 - (a) Where necessary, the Chief of Staff through the Medical Advisory Committee shall recommend to the Board an Acting Head of a Service Unit.

- (b) The appointment shall be for a period not to exceed 12 months, subject to reappointment, and may continue until a replacement is identified.
- (c) The responsibilities of an Acting Head of Service Unit shall be those of a Head of a Service Unit.

Section 32. Service Unit Heads - General

Medical Staff who are members of a Department or Division may also be members of a Service Unit.

- (1) A Service Unit Head shall:
 - (a) be responsible to the Chief of Staff for the quality of medical diagnosis, care and treatment of all patients in their Service Unit;
 - (b) ensure appropriate on-site management at each site where the Service Unit is located;
 - (c) facilitate clinical education and research programs within their Service Unit;
 - (d) be responsible for all members of their Service Unit in collaboration with the Departmental and Divisional structures and support recommendations to the Medical Advisory Committee regarding their annual performance review, appointment, reappointment, promotion and any disciplinary action to which they should be subject; and
 - (e) in consultation with members of the Service Unit, name a deputy who shall assume their duties in their absence.

Section 33. Chief of Staff

- (1) The Board, having regard for the recommendation of the Selection Committee (as defined in Section 33(3)(a)) and the opinion of the Medical Advisory Committee (as provided for in Sub-Section 33(3)(e)), shall appoint a member of the Active Staff or a person eligible to be a member of the Active Staff to be Chief of Staff. The Board may also suspend or revoke the appointment of the Chief of Staff.
- (2) The composition of the Selection Committee shall, to the extent reasonably practicable, reflect the gender balance of the Hospital Medical Staff Association. Notwithstanding the foregoing sentence, there shall be at least two men and two women on the Selection Committee.
- (3) (a) A Selection Committee shall be established and composed of:
 - (i) a Governor, who shall be chair;

- (ii) two members of the Medical Advisory Committee;
 - (iii) the Administrator Responsible for Nursing;
 - (iv) the Chief Executive Officer/President; and
 - (v) such other members as the Board deems advisable.
 - (b) The Selection Committee shall invite applications from qualified persons.
 - (c) The Selection Committee may, if it deems it advisable, seek the advice of physicians of repute who are not members of the Medical Staff about suitable candidates.
 - (d) The Selection Committee shall invite all members of the Medical Staff to submit recommendations and nominations in writing.
 - (e) The Selection Committee shall present its recommendations to the Medical Advisory Committee and the Medical Advisory Committee shall make its opinion known to the Board.
- (4) (a) The Chief of Staff shall, subject to annual confirmation, be appointed for a term of five years.
- (b) Except in special circumstances, no member of the Medical Staff shall serve an aggregate of more than ten consecutive years as Chief of Staff.
- (5) The Chief of Staff shall:
- (a) supervise through and with the Department Heads and, if applicable, Division Heads and Service Units Heads, all medical care given to all patients within the Hospital;
 - (b) be responsible to the Board for the general clinical organization of the Hospital and the quality of care rendered;
 - (c) advise the Medical Advisory Committee with respect to the quality of medical diagnosis, care and treatment provided to the patients and out-patients of the Hospital;
 - (d) be Chair of the Medical Advisory Committee and of any Executive Committee of the Medical Advisory Committee;
 - (e) be an ex-officio member of all Committees that report to the Medical Advisory Committee;

- (f) be the Acting Head of a Department, Division or Service Unit, when appropriate; and
- (g) be a non-voting member of the Board.

Section 34. Medical Staff Meetings

- (1) (a) The annual meeting of the Medical Staff shall be held at the time and place stated in the Medical Policies.
- (b) The officers of the Medical Staff shall be elected by secret ballot, for a term of two years, renewable once, with the results announced at the annual meeting of the Medical Staff.
- (2) Regular meetings of the Medical Staff shall be held in accordance with the *Public Hospitals Act* Regulation 965: Hospital Management (96.9).
- (3) (a) In the case of an emergency, the President of the Medical Staff may call a special meeting.
- (b) Upon the written request of any 100 members of the Active Staff, the President of the Medical Staff shall call a special meeting.
- (4) (a) All members of the Medical Staff shall be given at least ten days written notice of the time and place of all regular meetings of the Medical Staff.
- (b) Notwithstanding paragraph (a) above, a written notice, stating the nature of the business for which a meeting is called shall be sufficient if it is given to each member of the Medical Staff at least three days prior to such meeting.
- (5) Twenty-five percent of the Medical Staff members entitled to vote shall constitute a quorum at any meeting of the Medical Staff.

Section 35. Election of Medical Staff Officers

- (1) At least 30 days before the annual meeting of the Medical Staff, a call for nominations will be sent by e-mail to all eligible medical staff.
- (2) (a) Nominations shall be submitted to the Secretary-Treasurer within 14 days of the call for nominations.
- (b) For gender equity, nominations for either President or Vice-President shall include both male and female nominees.
- (c) Upon receipt of a nomination, the Secretary-Treasurer shall cause the name of the nominee to be added to the list.

- (3) Each nomination shall:
 - (a) be in writing;
 - (b) indicate the name of the Medical Staff member and the position for which the nomination is being made;
 - (c) be signed by at least two voting members of the Medical Staff; and
 - (d) bear the signature of the nominee, accepting the nomination.
- (4) The Medical Staff Officers shall be elected from the list of candidates defined in Section 35 (2)(c).
 - (a) The President shall be the nominee for the office of the President who receives the highest number of votes for this position; and
 - (b) The Vice-President shall be the nominee for the office of Vice-President who receives the highest number of votes for this position, and
 - (c) The Secretary-Treasurer shall be the nominee for the office of Secretary-Treasurer who receives the highest number of votes for this position; and
 - (d) The Member-at-Large shall be the nominee for the office of Member-at-Large who receives the highest number of votes for this position.
- (5) Notwithstanding (a) and (b) above 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 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.
- (6) The position of any elected Medical Staff Officer which becomes vacant during the calendar year may be filled by the vote of the majority of the eligible members of the Medical Staff present, as determined by a secret ballot.

Section 36. Duties of Medical Staff Officers

- (1) The Officers of the Medical Staff are:
 - (a) President;
 - (b) Vice President; and

- (c) Secretary-Treasurer; and
 - (d) Member-at-Large.
- (2) The President of the Medical Staff shall:
- (a) preside at all meetings of the Medical Staff;
 - (b) call special meetings of the Medical Staff;
 - (c) be a member of the Medical Advisory Committee;
 - (d) act as liaison officer between the Medical Staff and the Chief Executive Officer/President and the Board in all matters not assigned to the Chief of Staff;
 - (e) be an ex-officio member of all committees which report to the Medical Advisory Committee or to the Medical Staff; and
 - (f) be a non-voting member of the Board
- (3) The Vice-President of the Medical Staff shall:
- (a) assume the duties and responsibilities of the President of the Medical Staff when they are absent or unable to act, with the exception of the duties enumerated in Section 36(2)(e);
 - (b) perform the duties delegated to them by the President of the Medical Staff;
 - (c) be a member of the Medical Advisory Committee; and
 - (d) be a non-voting member of the Board.
- (4) The Secretary-Treasurer of the Medical Staff shall:
- (a) be a member of the Medical Advisory Committee;
 - (b) attend to the correspondence of the Medical Staff;
 - (c) give notice of Medical Staff meetings in accordance with Section 33(5)(a); and
 - (d) assume the duties and responsibilities of the Vice-President when they are absent or unable to act.

Part IV MEDICAL ADVISORY COMMITTEE

Section 37. Membership

- (1) The following persons shall be members of the Medical Advisory Committee with voting privileges:
 - (a) the Chief of Staff, who shall be Chair;
 - (b) the President of the Medical Staff;
 - (c) the Vice-President of the Medical Staff;
 - (d) the Secretary-Treasurer of the Medical Staff; and
 - (e) Department Heads.
- (2) Members of the Medical Advisory Committee with voting privileges may appoint a delegate who will have voting privileges in their absence.
- (3) The following persons shall be members of the Medical Advisory Committee without voting privileges:
 - (a) the Chief Executive Officer/President of the Hospital;
 - (b) the Chief Executive Officer of the Institute, or delegate, who must be a member of the Medical Staff who holds a senior title;
 - (c) the Dean of the Faculty of Medicine of the University, or delegate who holds a senior title;
 - (d) Senior Medical Officer;
 - (e) the Administrator responsible for Nursing;
 - (f) the Administrator responsible for Medical Education;
 - (g) a representative of the Learners category selected by the Medical Advisory Committee; and
 - (h) such other members of the Medical Staff of other health institutions as the Board may from time to time, upon recommendation of the Medical Advisory Committee, appoint.
- (4) members of the Medical Advisory Committee without voting privileges may appoint a delegate without voting privileges in their absence.

- (5) Where the Acting Department Head is also the Chief of Staff, the Medical Advisory Committee, upon the advice of such Department Head, shall name a member of the Department concerned to replace that Department Head at meetings of the Medical Advisory Committee.

Section 38. Meetings

- (1) The Medical Advisory Committee shall hold at least ten (10) monthly meetings in each fiscal year of the Hospital at the call of the Chair and shall keep minutes of its proceedings.
- (2) A majority of the members with voting privileges shall constitute a quorum at any meeting of the Medical Advisory Committee.

Section 39. Duties and Responsibilities

The Medical Advisory Committee shall:

- (1) having regard to the Vision, Mission and Core Values, make recommendations to the Board concerning:
 - (a) a medical human resource plan for the Hospital;
 - (b) the allocation of Hospital resources;
 - (c) every application for appointment or reappointment to the Medical Staff, Dental Staff or Midwifery Staff;
 - (d) the Hospital privileges to be granted to each member of the Medical Staff, Dental Staff or Midwifery Staff;
 - (e) the by-law respecting the Medical Staff, Dental Staff, Midwifery Staff and Registered Nurses in the Extended Class;
 - (f) Medical Policies respecting the Medical Staff, Dental Staff, Midwifery Staff and Registered Nurses in the Extended Class;
 - (g) the revocation, suspension or restriction of hospital privileges of any member of the Medical Staff, Dental Staff or Midwifery Staff who contravenes any of the provisions of this By-law, or the Act or the *Health Insurance Act* (Ontario) or the regulations made under those Acts, or for any other valid and proper reason;
 - (h) the quality of medical, dental and midwifery care provided in the Hospital, and where the Medical Advisory Committee identifies systemic or recurring quality of care issues, in making its recommendations to the Board, it shall make recommendations about those issues to the Board Quality Committee, pursuant to the *Excellent Care for All Act, 2010*;

- (i) the clinical and general rules respecting the Medical Staff, Dental Staff, Midwifery Staff and Registered Nurses in the Extended Class, as may be necessary in the circumstances;
 - (j) the appointment of Department Heads, Division Heads and Service Unit Heads which report to the Chief of Staff; and
 - (k) the establishment of committees of the Medical Staff, which shall report to the Medical Advisory Committee, with responsibility for assessing and otherwise dealing with such matter or matters as are specified by the Medical Advisory Committee, including but not limited exclusively to the following:
 - (i) executive;
 - (ii) credentials.
 - (iii) infection control;
 - (iv) pharmacy and therapeutics; and
 - (v) cardiopulmonary resuscitation.
- (2) supervise the practice of medicine, dentistry and midwifery in the Hospital;
 - (3) appoint the Medical Staff members of all Committees of the Medical Staff that are established by the Board as per Section 40;
 - (4) receive reports from the Committees of the Medical Staff;
 - (5) advise the Board on any matter referred to it by the Board;
 - (6) if requested to do so by the Hospital's Committee Responsible for joint health and safety, appoint a member of the Medical Staff to advise such committee;
 - (7) report to the Medical Staff at each regularly scheduled meeting of the Medical Staff;
 - (8) report in writing to the Board at each regularly scheduled meeting of the Board, respecting the practice of medicine, dentistry and midwifery in the Hospital;

Section 40. Establishment of Committees of the Medical Advisory Committee

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

- (2) The Medical Advisory Committee establishes the terms of reference and appoints the chair(s) any standing or special sub-committees of the Medical Advisory Committee. The members of the sub-committee shall be appointed by the Medical Advisory Committee with the majority of members being Medical Staff.

Part V EXECUTIVE MEDICAL ADVISORY COMMITTEE

Section 41. Membership

- (1) The following persons shall be members of the Executive Medical Advisory Committee with voting privileges:
 - (a) the Chief of Staff, who shall be Chair;
 - (b) Department Heads;
 - (c) the President of the Medical Staff;
 - (d) the Vice-President of the Medical Staff; and
 - (e) the Secretary-Treasurer of the Medical Staff.

Section 42. Meetings

- (1) Meetings will occur at the discretion of the Chair.
- (2) The Committee reports to the Medical Advisory Committee.
- (3) A majority (50% + 1) of all members shall constitute a quorum.

Part VI DENTAL STAFF

Section 43. General

- (1) Unless otherwise indicated, the provisions of Part II of this By-law apply to the Dental Staff and the terms “physicians” and “Medical Staff members” shall read “dentists” and “Dental Staff members”, respectively.
- (2) 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.
- (3) Members of the Dental Staff shall be entitled to attend and vote at Medical Staff meetings and to hold office.

Section 44. 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) specialty certification where indicated, including fellowship eligibility.

Section 45. Divisions

- (1) The Dental Staff shall be a Division of the Department of Surgery.
- (2)
 - (a) The Division Head shall be appointed or reappointed in the manner set forth in Section 27.
 - (b) The Division Head of the Dental Surgery Division shall supervise the professional care given by all members of the Dental Staff and be responsible to the Head of the Department of Surgery, the Chief of Staff and the Medical Advisory Committee and ultimately the Board, and for the quality of care given patients by members of the Dental Surgery Division. The Head of the Department of Surgery shall represent the interests of the Dental Surgery Division at the Medical Advisory Committee in accordance with the *Public Hospitals Act* and the regulations thereunder.

Part VII MIDWIFERY STAFF

Section 46. General

- (1) Unless otherwise indicated, the provisions of Part II of this By-law apply to the Midwifery Staff and the terms “physicians” and “Medical Staff members” shall read “midwives” and “Midwifery Staff members”, respectively.
- (2) Members of the Midwifery Staff may attend Medical Staff meetings but shall not be eligible to vote or hold office, other than the Division Head of the Midwifery Division.

Section 47. 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.
- (3) Second Attendants shall consist of Registered Nurses who shall be:
- (a) licensed to practice nursing in Ontario;
 - (b) are employees of The Ottawa Hospital;
 - (c) meet the requirements of the College of Midwifery of Ontario; and
 - (d) have malpractice liability protection coverage under the Midwives' professional liability insurance coverage.

Section 48. Division

- (1) The Midwifery Staff shall be a Division of the Department of Obstetrics, Gynecology and Newborn Care.
- (2) (a) The Division Head of the Midwifery Division shall be appointed or reappointed in the manner set forth in Section 27.
- (b) The Division Head of the Midwifery Division shall supervise the professional care given by all members of the Midwifery Staff and be responsible to the Head of the Department of Obstetrics, Gynecology and Newborn Care, the Chief of Staff and the Medical Advisory Committee and ultimately the Board, for the quality of care given patients by members of the Midwifery Division.

Section 49. Midwifery Staff Categories

- (1) The Midwifery Staff shall be divided into the following sub-categories:
- (a) Active Staff;
 - (b) Associate Staff; and
 - (c) Second Attendant.

Section 50. 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.

Part VIII REGISTERED NURSES IN THE EXTENDED CLASS**Section 51. General**

Registered Nurses in the Extended Class shall have the ability to discharge patients of the Hospital on their own authority but shall not be permitted to admit patients to the Hospital on their own authority.

Section 52. Qualifications

- (1) Each Registered Nurse in the Extended Class must meet the following qualification:
 - (a) must be a member in good standing with the College of Nurses of Ontario;
 - (b) must be a Registered Nurse in the Extended Class as is herein defined; and
 - (c) must be an employee of the Hospital.

Part IX GENERAL PROVISIONS**Section 53. Amendments**

- (1) Prior to submitting this Medical, Dental, Midwifery and Registered Nurses in the Extended Class Staff By-law to the process established in the Administrative By-law for amending the By-laws, the following procedures shall be followed:
 - (a) notice specifying the proposed amendment to this By-law shall be posted in the Hospital;
 - (b) the Medical, Dental and Midwifery Staff shall be afforded an opportunity to comment on the proposed amendment; and
 - (c) the Medical Advisory Committee shall make recommendations to the Board, concerning the proposed amendment.
- (2) It is expressly provided that any policy enacted by the Board and referred to herein or referred to herein as being attached or appended hereto as a Policy shall not form part of this By-law and shall not be subject to Article 17.4 of the Administrative By-laws but shall at all times have the status of a policy of the Board such that it can be changed at any time

by Resolution of the Board. Notwithstanding the foregoing, any policy enacted by the Board and referred to herein as being attached or appended hereto as a Policy may be amended from time to time by the Board upon consultation with the Medical Advisory Committee.

Section 54. Repeal and Restatement

This By-law repeals and restates in its entirety the by-laws of the Corporation previously enacted with respect to the Medical, Dental and Midwifery Staff.

Part X POLICIES

Policy A - Medical Staff Policy – Appointment and Reappointment

This Policy may be amended from time to time by the Board upon consultation with the Medical Advisory Committee.

The following shall be considered in recommending upon the appointment **or** reappointment to the Medical Staff, as the case may be:

- (i) on first appointment only, the Medical Human Resources Plan of the Hospital;
- (ii) the Vision, Mission and Core Values of the Hospital;
- (iii) the applicant's training, expertise and proposed contribution and how these fit into the Hospital's clinical and academic priorities;
- (iv) on first appointment only, the existence of a defined need in the Hospital for the role to be filled by the applicant with their specific skills;
- (v) on first appointment only, an approved impact analysis plan with regard to the new applicant; on first appointment only, completion of new physician orientation before or within 6 weeks of commencement of clinical/academic work;
- (vi) the attitude, skills, knowledge and experience of the applicant and their ability to work in a collaborative and effective manner with other health care professionals;
- (vii) the department and/or division's clinical and academic practice plan pursuant to Part II Section 13(1) of this By-Law, if applicable, and whether such plan allows for sufficient recruitment of new members of the Medical Staff by the Hospital;
- (viii) a clinical performance review, the nature and scope of which shall be determined by the applicant's Department Head and the Chief of Staff of the Hospital of an applicant for reappointment; and

- (ix) the recommendation of the applicant's Department Head and the recommendation of the Medical Advisory Committee; and
- (x) Completion of mandatory training as required by provincial legislation and/or Medical Advisory Committee approved policy within the designated timeframe. For new physicians, this requirement must be met before or within 6 weeks of commencement of clinical/academic work.

Policy B - Medical Staff Policy – Annual Performance Appraisal at Reappointment

This Policy may be amended from time to time by the Board upon consultation with the Medical Advisory Committee.

At the completion of the annual performance review process, the Divisional/Departmental/ Service Unit Head must attest to the fact that proposed scope of practice is one which the member can safely perform.

The following is a list of matters that will be included in the annual review conducted as part of the reappointment process. The review would assess:

- (1) The skills, attitude and judgment of the applicant with reference to their professional responsibilities.
- (2) The applicant's participation in continuing education.
- (3) The ability of the applicant to communicate with patients, their families and substitute decision makers and staff, together with information with respect to patient or staff complaints regarding the applicant, if any.
- (4) The applicant's ability to work and cooperate with, and relate to, in a collegial and professional manner, the Board, the Chief Executive Officer/President, the Chair of the Medical Advisory Committee, Chief of the relevant Department and other members of the Medical Advisory Committee, Heads of Division, other members of the Medical Staff, the nursing staff, other healthcare practitioners and students within the Hospital and other employees of the Corporation.
- (5) The applicant's performance and discharge of:
 - (a) "on call" responsibilities;
 - (b) staff and committee responsibilities;
 - (c) clinical and, if applicable, academic responsibilities;
 - (d) attendance requirements, if any, for Department and Division or Medical Staff meetings; and

- (e) monitoring patients, together with evidence of appropriate, timely and completed clinical record documentation.
- (6) Any quality of care or patient safety issues.
- (7) The applicant's health during the past year, insofar as their health may affect quality of medical care.
- (8) The applicant's plans for any changes in type or level of service provided and the reasons therefore.
- (9) The applicant's succession plans and/or retirement plans, if any.
- (10) The applicant's ability to ensure quality of patient care and patient safety through the appropriate supervision of Medical Staff or Learners as required.
- (11) The applicant's appropriate and efficient use of Hospital resources.
- (12) The applicant's compliance with the *Public Hospitals Act* and the regulations there under, the Hospital's by-laws, Rules and Regulations and Policies and applicable legislation.
- (13) To supplement the annual review process, completion of a validated multi-source feedback review will be required on a periodic basis as directed by the Medical Advisory Committee.

Policy C - Medical Staff Policy – Duties of Members of the Medical Staff

This Policy may be amended from time to time by the Board upon consultation with the Medical Advisory Committee.

- (1) In addition to the duties and responsibilities set out in the By-law, each member of the Medical Staff, Dental Staff and Midwifery Staff shall:
 - (a) attend and treat patients within the limits of the privileges granted unless the privileges are otherwise restricted as outlined in the annual performance review process;
 - (b) adhere to the highest ethical standards of their profession;
 - (c) respect the mission, vision and values of the Corporation;
 - (d) fulfill the “on-call” requirements of the Department or Division as scheduled by the Department Head or Head of Division, as applicable;
 - (e) work and cooperate with others in a collegial manner consistent with the Hospital's mission, vision and values;
 - (f) participate in quality and patient safety initiatives;

- (g) prepare and complete patient records in accordance with the Rules and Regulations, Policies, applicable legislation and accepted industry standards;
 - (h) recognize the authority of, and be accountable to, the Chair of the Medical Advisory Committee, Department Head, Head of Division, the Medical Advisory Committee, and the Board;
 - (i) serve as may be requested on various Hospital committees and Medical Advisory Committee Staff sub-committees;
 - (j) participate in annual and any enhanced periodic performance evaluations and provide such releases and consents as will enable such evaluations to be conducted;
 - (k) meet the attendance obligations, if any, for the Department and Division meetings and/or Medical Staff meetings, as applicable;
 - (l) participate in continuing education as required by the relevant Department and/or regulatory or licensing authority;
 - (m) Notify the Department Head or Chief of Staff forthwith of any medical illnesses that could adversely affect patient care, College disciplinary proceeding, proceedings to restrict or suspend privileges at other hospitals, or malpractice actions;
 - (n) not undertake any conduct that would be disruptive to the Department or Division or leading to a compromise in the quality of care provided;
 - (o) comply with applicable legislation and the by-laws, the Rules and Regulations and the Policies of the Hospital and any requirements from their governing College;
 - (p) maintain professional practice liability insurance satisfactory to the Board and notify the Board in writing through the Chief of Staff of any change in professional liability insurance;
 - (q) notify the Board in writing through the Chief of Staff of any additional professional degrees or qualifications obtained by the member or of any change in the licence to practice medicine, dentistry and midwifery made by their governing College or licensing authority;
- (2) When responsible for a patient, the physician shall:
- (a) within 12 hours of admission of the patient, cause to be entered on the patient's medical record a summary of the pertinent clinical findings, and within 48 hours cause to be entered:
 - (i) the patient's medical history;

- (ii) the findings of the physical examination made on the patient; and
 - (iii) a provisional diagnosis.
 - (b) ensure that a member of the Medical Staff meets the requirements as set out in Hospital Policy with respect to attending patients;
 - (c) cause a written progress note to be entered on the patient's medical record at least once in every seven days or such other period as may be prescribed by the Medical Policies of their Department;
 - (d) obtain a written consultation when indicated or required under the Act or under this By-law;
 - (e) obtain any consent required under the *Health Care Consent Act* (Ontario);
 - (f) comply with the Hospital's resuscitation policy;
 - (g) endeavour to obtain consent for organ and tissue donations;
 - (h) give notice of death as required by the *Coroners Act*;
 - (i) cause a copy of the medical certificate of death as required by the *Vital Statistics Act* (Ontario) to be filed in the patient's medical record, and, if a medical certificate of death is not provided by the coroner as required by the *Coroners Act* complete a report in the form prescribed under the Act and cause a copy to be filed in the patient's medical record; and
 - (j) cause the patient's medical record to be completed within seven days after the patient's discharge from the Hospital.
- (3) Each member of the Medical Staff may be requested to give such instruction for the training of other members of the Medical Staff, nurses, technologists and undergraduate students as may be required by the Hospital's educational program.
- (4) (a) A member of the Medical Staff may delegate their responsibilities under Sections (2)(b), (c) and (j), above, to another physician with admitting privileges.
- (b) Whenever the primary attending responsibility for the care of a patient is permanently transferred to another member of the medical staff or to another division of the medical staff, the patient shall be advised and a written notification shall be made in the patient's record. The physician to whom responsibility has been transferred will be notified in accordance with the rules and/or policies of the department/division.

Policy D - Medical Staff Policy – Application for Appointment

This Policy may be amended from time to time by the Board upon consultation with the Medical Advisory Committee.

In addition to what is required in the Bylaws, each application for first Appointment to the Medical Staff shall contain:

- (1) a list of three appropriate referees, including their addresses and telephone numbers;
- (2) a description of pending, ongoing or completed disciplinary actions, competency investigations and/or performance reviews;
- (3) a description of pending, ongoing or completed significant complaints relating to quality of patient care with other Hospitals, health facilities or institutions regarding appointment, reappointment, change of privileges, or mid term suspension or revocation of privileges;
- (4) a description of any failure to obtain, reduction in classification, or voluntary or involuntary resignation of any professional license or certification, fellowship, professional or, academic appointment or privileges at any other Hospital, health facility or institution;
- (5) a description of any civil suit in which there was an adverse finding or that was settled by a payment by or on behalf of the applicant that may impact upon one's ability to practice medicine;
- (6) a description of any criminal convictions involving the applicant for which a pardon has not been granted that may affect one's ability to practice medicine;
- (7) a description of any pending or ongoing civil actions, or criminal charges that may impact upon one's ability to practice medicine;
- (8) a description of any impairments, medical conditions, diseases or illnesses (including social health problems, alcohol or drug abuse or attempted suicide) that could now or in the future impact the applicant's ability to practice or that may impact staff or patient safety and current treatments therefore, and if requested, an authorization to the treating health professional to release information to the Hospital;
- (9) evidence of up- to-date inoculations, screenings and tests as required from time to time and consistent with the requirements of the Hospital's occupational health and safety policies;
- (10) a signed consent authorizing any medical licensing authority to provide a report on:
 - (a) any action taken by its disciplinary committee; and
 - (b) whether privileges have been curtailed or cancelled by any medical regulatory body or by another hospital because of incompetence, negligence or any act of professional misconduct;

- (11) a signed consent authorizing the administrator and the senior medical authorities of any institution, and heads of medical service or similar medical authority of any institutions where the applicant has held medical staff or training appointments, as identified in such consent, to release such information as might be required to permit the Medical Advisory Committee to consider the applicant's suitability for Medical Staff membership;
- (12) Criminal record check through Canadian Police Information Centre;
- (13) the written approval of the appropriate Department Head, and, if applicable, Division Head and Service Unit Head;
- (14) a list of resources needed that will enable preparation of a resource impact analysis; and
- (15) an undertaking that the applicant will serve on committees or subcommittees to which they are appointed by the Board or the Medical Advisory Committee.

Policy E - Medical Staff Policy – Associate Staff Policy

This Policy may be amended from time to time by the Board upon consultation with the Medical Advisory Committee.

In addition to what is required in the Bylaws, the following process will be followed:

- (1) During the first two (2) years of an Associate Staff member's term, there will be a clearly defined set of performance objectives set by the Department Head.
- (2) A Supervisor, designated by the Department Head, will meet with the individual quarterly and report annually to the Department Head.
- (3) A formal evaluation will take place annually based upon the set performance objectives to ensure that the individual is meeting the expectations of the Hospital, both clinically and academically, and that the individual is being mentored into the environment of the Hospital appropriately.
- (4) Before moving from Associate Staff to Active Staff, an individual will:
 - have successfully met the expectations of the Supervisor and Department Head and
 - have successfully completed a formal review of their clinical and academic practice.
- (5) After completing the first two years of their term, and upon recommendation of the Department Head, the Credentials Committee, MAC, and the Board will all consider moving the individual from Associate Staff to Active Staff.
- (6) Moving from Associate Staff to Active Staff will only take place when performance is determined to be satisfactory. If performance is determined to be unsatisfactory, privileges

will be terminated. No extensions of Associate Staff status beyond 3 years will be permitted, except in circumstances of approved leave of absence.

- (7) During the third year, if necessary, there would be opportunity for appeal to the MAC and/or Board or alternatively remediation of outstanding concerns with reassessment.