



**MEDICAL AND  
PROFESSIONAL STAFF  
BYLAWS**

**PROPOSED AMENDMENTS FOR JUNE 2019**

PREAMBLE

All members of the Professional Staff are asked to familiarize themselves with these Bylaws.

September 1, 1999

Revised: MAC March 2000

Revised: MAC June 2001

Revised MAC February 2007

Revised May 2010

Revised September 2011

Revised April 2013

Revised August 2015

Revised June 2018

[Revised February 2019](#)



**ARTICLE 1**  
**DEFINITIONS AND INTERPRETATION**

**1.1 Definitions**

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

- (a) **“Board”** means the Board of Directors of the Corporation;
- (b) **“Chief Executive Officer”** means, in addition to ‘administrator’ as defined in the *Public Hospitals Act*, the President and Chief Executive Officer of the Hospital;
- (c) **“Chief Nursing Executive”** means the senior nurse employed by the Hospital who reports to the Chief Executive Officer and is responsible for nursing services provided in the Hospital;
- (d) **“Chief of a Department”** means a member of the Professional Staff appointed by the Board to be responsible for the professional standards and quality of care rendered by the members of that department at the Hospital;
- (e) **“Chief of Staff”** means the member of the Professional Staff appointed by the Board to serve as Chief of Staff in accordance with the *Public Hospitals Act* and the By-Laws of the Hospital, who shall be Chair of the Medical Advisory Committee;
- (f) **“Corporation”** – means Joseph Brant Hospital;
- (g) **“Credentials Committee”** means the committee established by the Medical Advisory Committee to review applications for appointment and reappointment to the Professional Staff and to make recommendations to the Medical Advisory Committee and if no such committee is established it shall mean the Medical Advisory Committee;
- (h) **“Dental Staff”** means those Dentists appointed by the Board to attend or perform dental services for patients in the Hospital;
- (i) **“Dentist”** means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (j) **“Department”** or **“department”** means an organizational unit of the Professional Staff to which members with a similar field of practice have been assigned;
- (k) **“Division”** or **“division”** means an organizational unit of a Department;
- (l) **“Extended Class Nursing Staff”** means those Registered Nurses in the Extended Class who are:

- (a) nurses that are employed by the Hospital and are authorized to diagnose, prescribe for or treat out-patients in the Hospital; and
- (b) nurses who are not employed by the Hospital and to whom the Board has granted privileges to diagnose, prescribe for or treat out patients in the Hospital;
- (m) **“Head of a Division”** means the member of the Professional Staff appointed to be in charge of one of the organized divisions of a Department;
- (n) **“Hospital”** means the public hospital operated by the Corporation;
- (o) **“Impact Analysis”** means a study to determine the impact upon the resources of the Hospital of the proposed appointment of an applicant for appointment to the Professional Staff or an application by a member of the Professional Staff for additional privileges;
- (p) **“Medical Advisory Committee”** means the committee established pursuant to Article 9;
- (q) **“Medical Staff”** means those Physicians who are appointed by the Board and who are granted privileges to practice medicine in the Hospital;
- (r) **“Midwife”** means a Midwife in good standing with the College of Midwives of Ontario;
- (s) **“Midwifery Staff”** means those Midwives who are appointed by the Board and granted privileges to practice Midwifery in the Hospital;
- (t) **“Patient”** means, unless otherwise specified or the context otherwise requires, any in-patient or outpatient of the Hospital;
- (u) **“Physician”** means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;
- (v) **“Policies”** means the administrative, human resources, clinical and professional policies of the Hospital and includes policies and procedures adopted by the Board pursuant to Article 2;
- (w) **“Privileges”** mean those rights or entitlements conferred upon a Physician, Dentist, Midwife or Extended Class Nurse at the time of appointment or re-appointment, including those professional departments within the Hospital in which the member of the Professional Staff may practice, but specifically does not mean those procedures which the member of the Professional Staff may from time to time be permitted to carry out within the department by the Chief/Co-Chief of a Department or Medical Advisory Committee;

- (x) **“Professional Staff”** means the Medical Staff, Dental Staff, Midwifery Staff and members of Extended Class Nursing Staff who are not employees of the Hospital;
- (y) **“Professional Staff Human Resources Plan”** means the plan developed for each Department under section 7.4;
- (z) **“Public Hospitals Act”** means the *Public Hospitals Act* (Ontario), and, where the context requires, includes the regulations made thereunder;
- (aa) **“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;
- (bb) **“Rules and Regulations”** means the Rules and Regulations governing the practice of the Medical, Dental, Midwifery and Extended Class Nursing Staff in the Hospital both generally and within a particular Department, and includes Rules and Regulations which have been approved by the Board after considering the recommendation of the Medical Advisory Committee.

## 1.2 Interpretation

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

## ARTICLE 2 RULES AND REGULATIONS AND POLICIES

### 2.1 Rules and Regulations and Policies and Procedures

- (1) The Board, after consulting with the Professional Staff and after considering the recommendation of the Medical Advisory Committee, may make Rules and Regulations as it deems necessary, including rules and regulations for patient care and safety and the conduct of members of the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff.
- (2) The Board, after considering the recommendation of the Medical Advisory Committee, may adopt policies and procedures applicable to the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff, including policies and procedures that are consistent with Rules and Regulations and support the implementation of Rules and Regulations.

**ARTICLE 3**  
**APPOINTMENT AND REAPPOINTMENT TO PROFESSIONAL STAFF**

**3.1 Appointment and Revocation**

- (1) The Board shall appoint annually each member of the Professional Staff for the Hospital upon the recommendation of the Medical Advisory Committee.
- (2) The Board shall establish from time to time criteria for appointment to the Professional Staff along with the form of application and reapplication after considering the advice of the Medical Advisory Committee. An application for appointment to the Professional Staff shall be processed in accordance with ~~the Hospital's Comprehensive Appointment and Credentialing Policy~~ [Policy G-A-06 Professional Staff Appointment and Credentialing Policy](#).
- (3) In making an appointment or reappointment to the Professional Staff, the Board shall do so in accordance with the Professional Staff Human Resource Plan after considering the advice of the Medical Advisory Committee as to whether there is a need for the services in the community.
- (4) The Board shall grant privileges to members of the Professional Staff upon the recommendation of the Medical Advisory Committee.
- (5) Where the Board of the Hospital determines that the Hospital shall cease to provide a service or the Minister directs the Hospital to cease to provide a service, the Board may:
  - (a) refuse the application of a member for appointment or reappointment to the Professional Staff;
  - (b) revoke the appointment of any member; and
  - (c) cancel or substantially alter the privileges of any member as long as such determination relates to the termination of the service.

**3.2 Term of Appointment**

- (1) Subject to subsection 3.1(3), each appointment to the Professional Staff shall be for a term of one (1) year unless otherwise provided for in these By-Laws.
- (2) Where a member of the Professional Staff has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:
  - (a) unless subsection 3.2(2)(b) applies, until the reappointment is granted or not granted by the Board; or
  - (b) in the case of a member of the Medical Staff and where the reappointment is not granted by the Board and there is a right of appeal to the Health Professions

Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

### **3.3 Application for Appointment to the Professional Staff**

- (1) The Chief Executive Officer or delegate shall supply a copy of, or information on how to access a form of the application and the mission, vision, values and strategic plan of the Hospital, the bylaws and the Rules and Regulations and appropriate Policies, to each Physician, Dentist, Midwife or Registered Nurse in the Extended Class who expresses in writing an intention to apply for appointment to the Professional Staff.
- (2) An applicant for appointment to the Professional Staff shall submit to the Chief Executive Officer one (1) original application in the prescribed form together with signed consents to enable the Hospital to make inquiries of the applicable college and other hospitals, institutions and facilities where the applicant has previously provided professional services or received professional training to allow the Hospital to fully investigate the qualifications and suitability of the applicant.
- (3) Prior to the consideration of an applicant for appointment, each applicant shall visit the Hospital for an interview with the Chief of Staff or delegate, the Chief Executive Officer or delegate and other appropriate members of the Professional Staff.

### **3.4 Procedure for Processing Applications for Appointment to the Professional Staff**

- (1) Upon receipt of a complete application, the Chief Executive Officer shall deliver each original application forthwith to the Medical Advisory Committee through the Chief of Staff or delegate, who shall keep a record of each application received and then refer the original application forthwith to the chair of the Credentials Committee [which if no such Committee is established, the Chief of Staff](#) with a copy to the relevant Chief of a Department.
- (2) The Credentials Committee [of if no such Committee is established, the Medical Advisory Committee](#) shall review all materials in the application, receive the recommendation of the relevant Chief of a Department, ensure all required information has been provided, investigate the professional competence and verify the qualifications of the applicant, consider whether the qualifications and criteria required by section 3.3 are met and shall submit a report as to its assessment and recommendation to the Medical Advisory Committee at its next regular meeting.
- (3) The Medical Advisory Committee shall:
  - (a) receive and consider the report and recommendations of the Credentials Committee;

- (b) review the application with reference to the Professional Staff Human Resources Plan and Impact Analysis; and
  - (c) send, within sixty (60) days of the date of receipt by the Chief Executive Officer of a complete application, notice of its recommendations to the Board and the applicant, in accordance with the *Public Hospitals Act*.
- (4) Notwithstanding subsection 3.4(3)(c), the Medical Advisory Committee may make its recommendation later than sixty (60) days after receipt of the application if, prior to the expiry of the sixty (60) day period, it indicates in writing to the Board and to the applicant that a final recommendation cannot be made within such sixty (60) day period and gives written reasons therefor.
- (5) Where the Medical Advisory Committee recommends the appointment, it shall specify the category of appointment and the specific privileges it recommends the applicant be granted.
- (6) Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that he or she is entitled to:
- (a) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) 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 (7) days of the receipt by the applicant of the written reasons referred to in subsection 3.4(6)(a).
- (7) Where the applicant does not request a hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.
- (8) Where an applicant requests a hearing by the Board, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article 5.
- (9) The Board shall consider the Medical Advisory Committee recommendations within the time frame specified by the *Public Hospitals Act*.
- (10) The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the Professional Staff Human Resources Plan, Impact Analysis, strategic plan and the Hospital's ability to operate within its resources.

### **3.5 Application for Reappointment to the Professional Staff**

- (1) Each year, the Board shall require each member of the Professional Staff to make a written application, on the prescribed form and submit such application to the Chief Executive Officer, for reappointment to the Professional Staff.
- (2) An application for reappointment to the Professional Staff shall be processed in accordance with [Policy G-A-06 Professional Staff Appointment and Credentialing Policy](#)~~the Hospital's Comprehensive Appointment and Credentialing Policy~~.
- (3) The Chief of a Department shall review and submit a written report to the Credentials Committee concerning each application for reappointment within the department. Each report shall include information concerning the knowledge and skill which has been shown by the Professional Staff member, the nature and quality of his/her work in the Hospital, including comments on the utilization of Hospital resources and the Professional Staff member's ability to function in conjunction with the other members of the Hospital staff.

### **3.6 Application for Change of Privileges**

- (1) Any change of privileges requested by a member of the Professional Staff shall be processed in accordance with [Policy G-A-06 Professional Staff Appointment and Credentialing Policy](#)~~the Hospital's Comprehensive Appointment and Credentialing Policy~~.
- (2) The Medical Advisory Committee is entitled to request any additional information or evidence that it deems necessary for consideration of the application for change in privileges.

## **ARTICLE 4**

### **MONITORING, SUSPENSION AND REVOCATION**

#### **4.1 Monitoring Practices and Transfer of Care**

- (1) Any aspect of patient care or Professional Staff conduct being carried out in the Hospital may be reviewed without the approval of the member of the Professional Staff responsible for such care by the Chief of Staff or delegate or Chief of a Department or delegate.
- (2) Where any member of the Professional Staff or Hospital staff reasonably believes that a member of the Professional Staff is incompetent, attempting to exceed his or her privileges, incapable of providing a service that he or she is about to undertake, or acting in a manner that exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury, such individual shall communicate that belief forthwith to one of the Chief of Staff or delegate, the relevant Chief of a Department or delegate and the Chief Executive Officer (or delegate), so that appropriate action can be taken.

- (3) The Chief of a Department or delegate, on notice to the Chief of Staff or delegate where he or she believes it to be in the best interest of the patient, shall have the authority to examine the condition and scrutinize the treatment of any patient in his or her Department and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in the patient's care and, if necessary, to the Medical Advisory Committee. If it is not practical to give prior notice to the Chief of Staff, notice shall be given as soon as possible.
- (4) If the Chief of Staff or delegate or Chief of a Department or delegate becomes aware that, in his or her opinion a serious problem exists in the diagnosis, care or treatment of a patient, the individual shall forthwith discuss the condition, diagnosis, care and treatment of the patient with the attending member of the Professional Staff. If changes in the diagnosis, care or treatment satisfactory to the Chief of Staff or delegate or the Chief of a Department or delegate, as the case may be, are not made, he or she shall forthwith assume the duty of investigating, diagnosing, prescribing for and treating the patient.
- (5) Where the Chief of Staff or delegate or Chief of a Department or delegate has cause to take over the care of a patient, the Chief Executive Officer, the Chief of Staff or the Chief of a Department, as the case may be, and one other member of the Medical Advisory Committee, the attending member of the Professional 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 Chief of a Department or delegate shall file a written report with the Medical Advisory Committee within forty eight (48) hours of his or her action.
- (6) Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff or delegate or Chief of a Department or delegate who has taken action under subsection 4.1(4) that the action was necessary, the Medical Advisory Committee shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.

#### **4.2 Suspension, Restriction or Revocation of Privileges**

- (1) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke or suspend any appointment of a member of the Professional Staff or revoke, suspend, restrict or otherwise deal with the Privileges of a member of the Professional Staff.
- (2) Any administrative or leadership appointment of the member of the Professional 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 Professional Staff have been restricted, suspended or revoked, by reason of incompetence, negligence or misconduct, or the member resigns from the Professional Staff during the course of an investigation into his or her competence,

negligence or misconduct, the Chief Executive Officer shall prepare and forward a detailed written report to the member's regulatory body as soon as possible, and not later than thirty (30) days.

#### **4.3 Immediate Action**

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

- (a) exposes or is reasonably likely to expose any patient, health care provider, employee or any other person at the Hospital to harm or injury; or
- (b) is or is reasonably likely to be detrimental to patient safety or to the delivery of quality patient care within the Hospital,

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

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

#### **4.4 Non-Immediate Action**

(1) The Chief Executive Officer or delegate, the Chief of Staff or delegate, or the Chief of a Department or delegate, may recommend to the Medical Advisory Committee that the privileges of any member of the Professional Staff be restricted, suspended or revoked in any circumstances where in his or her 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 subsection 4.4(1), an investigation may be conducted. Where an investigation is conducted it may be assigned to an individual within the Hospital other than the Medical Advisory Committee or an external consultant.

#### **4.5 Referral to Medical Advisory Committee for Recommendations**

- (1) Following the temporary restriction or suspension of privileges under section 4.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a member of the Professional Staff under section 4.4, the following process shall be followed:
  - (a) the Chief of a Department of which Department the individual is a member or an appropriate alternate designated by the Chief of Staff or delegate or Chief Executive Officer 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:
    - (a) the time and place of the meeting;
    - (b) the purpose of the meeting; and
    - (c) 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 s. 4.5(1)(b) may be extended by,
  - (a) an additional five (5) days in the case of a referral under s. 4.3; or
  - (b) any number of days in the case of a referral under s. 4.4,if the Medical Advisory Committee considers it necessary to do so.
- (3) The Medical Advisory Committee may:
  - (a) set aside the restriction or suspension of privileges; or
  - (b) recommend to the Board a 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 he or she is 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 s.4.5(5), the Medical Advisory Committee shall provide the written reasons to the member within forty-eight (48) hours of receipt of the request.

## **ARTICLE 5 BOARD HEARING**

### **5.1 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 Professional 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.
- (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 members requests the hearing under subsection 5.1(1). In the case of non-immediate suspension or revocation of privileges, subject to subsection 5.1(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 his or her case;
  - (e) a statement that the time for the hearing may be extended by the Board on the application of any party; and
  - (f) a statement that if the applicant or 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 he or she is present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no decision of the Board will be given unless all members so present participate in the decision.

- (12) The Board shall make a decision to follow, amend or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Professional Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant including, but not limited to, the considerations set out in sections [4.3], [4.8] and [4.9] 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 (3<sup>rd</sup>) day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.

## **ARTICLE 6 PROFESSIONAL STAFF CATEGORIES AND DUTIES**

### **6.1 Professional Staff Categories**

The Professional Staff shall be divided into the following groups:

- (a) Active Staff;
- (b) Associate Staff;
- (c) Courtesy Staff;
- (d) Temporary Staff;
- (e) Locum Tenens Staff;
- (f) Supportive Care Staff;
- (g) Honorary Staff; and
- (h) such categories as may be determined by the Board from time to time having given consideration to the recommendation of the Medical Advisory Committee.

### **6.2 Active Staff**

- (1) The Active Staff shall consist of those Professional Staff appointed to the Active Staff by the Board and who have completed satisfactory service as Associate Staff of at least one (1) year. No member shall be granted Active Staff privileges without having completed satisfactory service as Associate Staff of at least one (1) year.

- (2) Except where approved by the Board, no Physician, Dentist or Midwife with an active staff appointment at another Hospital, shall be appointed to the Active Staff.
- (3) Each member of the Active Staff shall:
  - (a) have admitting privileges unless otherwise specified in their appointment. Pursuant to the *Public Hospitals Act*, a Dentist who is not an oral and maxillofacial surgeon shall only admit inpatients on the joint order of the Dentist and a Physician who is a member of the Professional Staff;
  - (b) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
  - (c) be responsible to the Chief of a Department to which they have been assigned for all aspects of patient care;
  - (d) upon the agreement of the member, act as a supervisor of other members of the Medical Staff, Dental Staff, Midwifery Staff or Extended Class Nursing Staff when requested by the Chief of Staff or delegate or the Chief of a Department to which they have been assigned;
  - (e) fulfil such on-call requirements as may be established by each Department or Division in accordance with the Professional Staff Human Resource Plan and the Rules and Regulations;
  - (f) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or the relevant Chief of a Department from time to time;
  - (g) if a Physician, be entitled to attend and vote at meetings of the Professional Staff and be eligible to be an elected or appointed officer of the Professional Staff; and
  - (h) if a Dentist or Midwife, be entitled to attend meetings of the Professional Staff but shall not have a vote or be eligible to hold an elected or appointed office of the Professional Staff.

### **6.3 Associate Staff**

- (1) Professional Staff who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff. In no event shall an appointment to the Associate Staff extend beyond two (2) years.
- (2) Each member of the Associate Staff shall:
  - (a) have admitting privileges unless otherwise specified in their appointment. Pursuant to the *Public Hospitals Act*, a Dentist who is not an oral and

maxillofacial surgeon shall only admit inpatients on the joint order of the Dentist and a Physician who is a member of the Professional Staff;

- (b) work under the supervision of an Active Staff member named by the Chief of Staff or delegate to whom he or she has been assigned;
  - (c) undertake such duties in respect of patients as may be specified by the Chief of Staff or delegate, and, if appropriate, by the Chief of the relevant Department to which they have been assigned;
  - (d) fulfil such on call requirements as may be established by each Department or Division and in accordance with the Professional Staff Human Resources Plan and the Rules and Regulations and Policies;
  - (e) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff or delegate or the relevant Chief of a Department from time to time;
  - (f) if a Physician, be entitled to attend and vote at Professional Staff meetings but shall not be eligible to be an elected or appointed officer of the Professional Staff; and
  - (g) if a Dentist or Midwife, be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff.
- (3) At six (6) month intervals following the appointment of an Associate Staff member to the Professional Staff, the Active Staff member by whom the Associate Staff member has been supervised shall meet with the Associate Staff member and complete a performance evaluation and shall make a written report to the Chief of Staff or delegate, concerning:
- (a) the knowledge and skill that has been shown by the Associate Staff member;
  - (b) the nature and quality of his or her work in the Hospital;
  - (c) the utilization of Hospital resources;
  - (d) the ability to function in conjunction with the other members of the Hospital staff; and,
  - (e) his or her performance and compliance with the criteria set out in subsection 4.3(2).

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

- (4) Upon receipt of the report referred to in subsection 6.3(3), the appointment of the member of the Associate Staff shall be reviewed by the Credentials Committee, which shall make a recommendation to the Medical Advisory Committee.
- (5) If any report made under subsections 6.3(3) or 6.3(4) is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend the appointment of the Associate Staff member be terminated.
- (6) No member of the Associate Staff shall be recommended for appointment to the Active Staff unless they have been a member of the Associate Staff for at least one (1) year. In no event shall an appointment to the Associate Staff be continued for more than two (2) years.

#### **6.4 Courtesy Staff**

- (1) The Courtesy Staff shall consist of those Professional Staff appointed by the Board to the Courtesy Staff in one or more of the following circumstances:
  - (a) the applicant is required to provide service of a regional programmatic nature; or
  - (b) the applicant meets a specific service need of the Hospital; or
  - (c) where the Board deems it otherwise advisable and in the best interests of the Hospital.
- (2) Members of the Courtesy Staff:
  - (a) shall have active or associate privileges at another hospital in Ontario, with the exception of those requesting courtesy, surgical assist;
  - (b) may have such limited privileges as may be granted by the Board on an individual basis;
  - (c) be responsible to the Chief of a Department to which they have been assigned for all aspects of patient care; and
  - (d) be entitled to attend Professional Staff meetings but shall not have a vote at Professional Staff meetings and shall not be eligible to hold an elected or appointed office of the Professional Staff or be bound by the expectations for attendance at Professional staff, departmental and service meetings.

#### **6.5 Temporary Staff**

- (1) The Board may make appointments to the Temporary Staff for either or both of the following reasons only:
  - (a) to meet a specific singular requirement by providing a consultation and/or operative procedure; or

- (b) to meet an urgent unexpected need for a professional service.
- (2) The Chief Executive Officer, with the recommendation of the Chief of Staff or his or her delegate, may:
- (a) grant temporary privileges to a Physician, maxillofacial surgeon, Dentist, Midwife or Extended Class Nurse who is not a member of the Professional Staff, provided that such privileges shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported;
  - (b) on the recommendation of the Medical Advisory Committee at its next meeting, continue the temporary privileges until the next meeting of the Board; and
  - (c) remove temporary privileges at anytime prior to any action by the Board.
- (3) Temporary Staff shall not be eligible to:
- (a) vote at Professional Staff meetings;
  - (b) hold office; or
  - (c) sit on a committee requiring Professional Staff.

#### **6.6 Locum Tenens Staff**

- (1) Locum Tenens Staff consist of Professional Staff who have been admitted to the Locum Tenens Staff by the Board in order to meet specific clinical needs for a defined period of time in one of more of the following circumstances:
- (a) to be a planned replacement for a Physician, Dentist or Midwife for specified period of time; or
  - (b) to provide episodic or limited surgical or consulting services.
- (2) A Locum Tenens Staff shall:
- (a) have admitting privileges unless otherwise specified in their appointment;
  - (b) work under the supervision of an Active Staff member assigned by the Chief of Staff or delegate; and
  - (c) attend patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board.
- (3) Locum Tenens Staff shall not, subject to determination by the Board in each individual case attend or vote at Professional Staff meetings or be elected or appointed to any office of the Professional Staff.

## **6.7 Supportive Care Staff**

- (1) The Supportive Care Staff shall consist of those members of who are granted privileges by the Board to provide support to patients and/or members of patients' families.
- (2) A member of the Supportive Care Staff shall:
  - (a) have the privilege of providing supportive care to a Hospital inpatient who is in the physician's community practice;
  - (b) have the privilege of writing progress notes in the patient chart;
  - (c) have the privilege of providing a consultation and making recommendations to the most responsible physician at the request of the most responsible physician;
  - (d) have the privilege of attending and participating in a family meeting upon the request of the most responsible physician;
  - (e) be eligible for reappointment;
  - (f) be eligible to assist in surgery.
- (3) A member of the Supportive Care Staff shall not:
  - (a) have the privilege of admitting patients or being the most responsible physician;
  - (b) have the privilege of writing orders for inpatients;
  - (c) be bound by department requirements for on-call service; or
  - (d) be eligible to vote at professional staff meetings, or hold office.

## **6.8 Honourary Staff**

- (1) An individual may be honoured by the Board by being designated as a member of the Honourary Staff of the Hospital, for such term as the Board deems appropriate, because he or she:
  - (a) is a former member of the Professional Staff who has retired from active practice; and
  - (b) has contributed to the Hospital and has an outstanding reputation or made an extraordinary accomplishment.
- (2) Members of the Honourary Staff:
  - (a) shall not have privileges or provide patient care;
  - (b) shall not have regularly assigned clinical, academic or administrative duties or responsibilities;

- (c) may attend, but shall not vote at, Professional Staff meetings, and shall not be eligible to hold elected or appointed offices in the Professional Staff; and
- (d) shall not be bound by the attendance requirements of the Professional Staff.

### **6.9 Duties of Professional Staff**

Each member of the Professional Staff:

- (a) is accountable to and shall recognize the authority of the Board through and with the Chief of Staff, Chief of a Department and Chief Executive Officer;
- (b) shall co-operate with and respect the authority of:
  - (a) the Chief of Staff and the Medical Advisory Committee;
  - (b) each Chief of a Department;
  - (c) the applicable Head of a Division; and
  - (d) the Chief Executive Officer; and
- (c) shall perform the duties, undertake the responsibility and comply with the provisions set out in this By-law and the Rules and Regulations and Policies;
- (d) 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.

## **ARTICLE 7 DEPARTMENTS AND DIVISIONS**

### **7.1 Professional Staff Departments**

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

### **7.2 Divisions Within a Department**

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

### **7.3 Changes to Departments and Divisions**

The Board may at any time, after consultation with the Medical Advisory Committee, create such additional Departments or Divisions, amalgamate Departments or Divisions, or disband Departments or Divisions.

### **7.4 Professional Staff Human Resources Plan**

Each Department shall develop a Professional Staff Human Resources Plan in accordance with the Hospital's strategic plan. The plan shall be developed by the Chief of the Department, after receiving and considering the input of the members of the Professional Staff in the Department, and shall be approved by the Board. Each Department's plan shall include:

- (a) the required number and expertise of the Professional Staff;
- (b) reasonable on-call requirements for members of the Professional Staff of the Department;
- (c) a process for equitably distributing changes of resources to the members of the Professional Staff within the Department;
- (d) a process for making decisions with respect to changes in the Department resources; and
- (e) a dispute resolution process regarding decisions made under subsection (d) above.

## **ARTICLE 8 LEADERSHIP POSITIONS**

### **8.1 Professional Staff Leadership Positions**

- (1) The following positions shall be appointed in accordance with this By-law:
  - (a) Chief of Staff who shall serve as Chair of the Medical Advisory Committee; and
  - (b) where the Professional Staff has been organized into Departments, each Chief of a Department.
- (2) The following positions may be appointed in accordance with this By-law:
  - (a) Vice Chair of the Medical Advisory Committee;
  - (b) Head of a Division.
- (3) Notwithstanding any other provision in this By-law, in the event that the term of office of any person referred to in this section shall expire before a successor is appointed the appointment of the incumbent shall be extended.

- (4) An appointment to any position referred to in subsections 8.1(1) or 8.1(2) may be made on an acting or interim basis where there is a vacancy in any office referred to in this section or while the person holding any such office is absent or unable to act.
- (5) An appointment to any position referred to in subsections 8.1(1) or 8.1(2) may be revoked at any time by the Board.
- (6) The Board shall receive and consider the input of the Medical Advisory Committee before it makes an appointment to a Professional Staff leadership position.

## **8.2 Responsibilities and Duties of the Chair of the Medical Advisory Committee**

- (1) The Chair of the Medical Advisory Committee shall:
  - (a) be a member of the Board;
  - (b) be an ex-officio member of all Medical Advisory Committee sub-committees; and
  - (c) report regularly to the Board on the work and recommendations of the Medical Advisory Committee.
- (2) The Chief of Staff shall, in consultation with the Chief Executive Officer, designate an alternate to act during the absence of both the Chief of Staff and the Vice Chair of the Medical Advisory Committee, if any.
- (3) The Chair of the Medical Advisory Committee shall, in consultation with the Chief Executive Officer, designate an alternate to act during the absence of both the Chair of the Medical Advisory Committee and the Vice Chair of the Medical Advisory Committee, if any.

## **8.3 Appointment of Chiefs of Department**

The Board shall appoint each Chief of a Department following consultation and receiving the recommendation of the Medical Advisory Committee.

## **8.4 Duties of Chiefs of Department**

A Chief of a Department shall:

- (a) be a member of the Medical Advisory Committee;
- (b) make recommendations to the Medical Advisory Committee regarding appointment, reappointment, change in privileges and any disciplinary action to which members of the Department should be subject;
- (c) advise the Medical Advisory Committee with respect to the quality of care provided by the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff members of the Department;

- (d) conduct a written performance evaluation of all members of the Department on an annual basis as part of the reappointment process and conduct an enhanced performance evaluation on a periodic basis;
- (e) hold regular meetings of the Department, in accordance with the policy as set out by the Medical Advisory Committee;
- (f) delegate responsibility to appropriate members of the Department;
- (g) report to the Medical Advisory Committee and to the Department on the activities of the Department;
- (h) perform such additional duties as may be outlined in the Chief of a Department position description approved by the Board or as set out in the Rules and Regulations or as assigned by the Board, the Chief of Staff or the Medical Advisory Committee or Chief Executive Officer from time to time; and
- (i) in consultation with the Chief of Staff designate an alternative to act during the absence of the Chief of a Department.

### **8.5 Appointment and Duties of Heads of Division**

The Board may appoint a Head of Division or may delegate to the Medical Advisory Committee the authority to appoint one or more Heads of Division. The Head of Division, if appointed, is the delegate of the Chief of the Department. The Head of the Division has responsibilities and duties similar to those of the Chief of the Department as determined by the Chief of the Department.

## **ARTICLE 9 MEDICAL ADVISORY COMMITTEE**

### **9.1 The Medical Advisory Committee**

- (1) The Medical Advisory Committee shall consist of the following voting members one of whom shall be the Chair in accordance with Section 9.2:
  - (a) the member(s) of the Medical Staff who is/are appointed by the Board as Chair [and Vice Chair respectively] of the Medical Advisory Committee;
  - (b) the Chiefs of Department;
  - (c) the President, Vice President and Secretary of the Professional Staff; and
  - (d) such other members of the Medical Staff as may be appointed by the Board from time to time.
- (2) In addition, the following shall be entitled to attend the meetings of the Medical Advisory Committee without a vote:

- (a) Chair of the Board or delegate;
  - (b) the Head of the Dental Division;
  - (c) the Chief Executive Officer;
  - (d) the Chief Nursing Executive; and
  - (e) any Vice President of the Hospital; and
  - (f) the Head of the Midwifery Division;
  - (g) such other members of the Professional Staff as determined by the Medical Advisory Committee.
- (2) Members should attend or send a delegate to each meeting.
- (3) The Chair of the Board and/or delegate, the Chief Executive Officer and/or delegate, and the Vice-President Patient Care Services shall attend meetings of the Medical Advisory Committee without power to vote, except that at any meeting by resolution of the Committee any or all of the aforementioned shall withdraw for a portion or all of that meeting.
- (4) Members of the Active Medical Staff in good standing may attend meetings of the Medical Advisory Committee but may be required by resolution to withdraw from the meeting.

## **9.2 Deadlock**

Where there is a deadlock on a motion, the Chief of Staff shall cast the deciding vote.

## **9.3 Duties of the Committee**

- (1) The Medical Advisory Committee shall:
- (a) report in writing and make recommendations to the Board as appropriate concerning:
    - (i) every application for appointment or reappointment to the Professional Staff and any request for a change in Privileges;
    - (ii) the Privileges to be granted to each member of the Professional Staff;
    - (iii) the by-laws and Rules and Regulations respecting the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff;
    - (iv) the revocation, suspension or restrictions of Privileges of any member of the Professional Staff; and
    - (v) the quality of care provided in the Hospital by the Professional Staff;

- (b) supervise the practice of medicine, dentistry and midwifery in the Hospital and supervise the practice of the Extended Class Nursing Staff; however, the duties of the Medical Advisory Committee that relate to the Extended Class Nursing Staff of the Hospital shall only be performed with respect to those Extended Class Nurses who are not employees of the Hospital and to whom the Board has granted privileges to diagnose, prescribe for or treat out-patients in the Hospital;
  - (c) appoint such committees as required for the supervision, review and analysis of all the clinical work in the Hospital;
  - (d) shall approve of the chair of each of the committees which are appointed and ensure that each meets and functions as required and keeps minutes of its meetings;
  - (e) appoint the Medical Staff members of all committees established under section 9.4;
  - (f) receive reports of the committees of the Medical Advisory Committee;
  - (g) inform the Medical Staff at each regular meeting of the Medical Staff of any business transacted by the Medical Advisory Committee and refer to the Medical Staff such items as, in the opinion of the Medical Advisory Committee, require discussion of the Medical Staff as a whole;
  - (h) report to the Board, the Chief Executive Officer, and to the Medical Staff concerning the practice of medicine in the Hospital in relation to professionally recognized standards of Hospital medical care;
  - (i) meet at the call of its Chair at least 10 times annually;
  - (j) advise the Board on any matters referred to it by the Board; and
- (2) Where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under subsection 2(a)(v) of the Hospital Management Regulation (965) under the *Public Hospitals Act*, the Medical Advisory Committee shall make recommendations about those issues to the Hospital's quality committee established under subsection 3(1) of the *Excellent Care for All Act*.

#### **9.4 Establishment of Committees of the Medical Advisory Committee**

- (1) The Board may, on the recommendation of the Medical Advisory Committee, establish such standing and special sub-committees of the Medical Advisory Committee as may be necessary or advisable from time to time for the Medical Advisory Committee to perform its duties under the *Public Hospitals Act* or the by-laws of the Hospital.
- (2) The terms of reference and composition for any standing or special sub-committees of the Medical Advisory Committee may be set out in the Rules and Regulations or in a resolution of the Board, on recommendation of the Medical Advisory Committee. The

Medical Staff members of any such subcommittee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee and other committee members may be appointed by the Board.

#### **9.5 Quorum for Medical Advisory Committee and Sub-Committee Meeting**

A quorum for any meeting of the Medical Advisory Committee, or a sub-committee thereof, shall be a 50 % plus one member of the members entitled to vote.

### **ARTICLE 10 MEETINGS – MEDICAL STAFF**

#### **10.1 Regular, Annual and Special Meetings of the Medical Staff**

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

#### **10.2 Quorum**

For a vote, either electronically or in person, quorum shall consist of 50 members of the Medical Staff entitled to vote.

#### **10.3 Rules of Order**

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

#### **10.4 Medical Staff Meetings**

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

**ARTICLE 11**  
**OFFICERS OF THE MEDICAL STAFF**

**11.1 Officers of the Medical Staff**

- (1) The provisions of this Article 11 with respect to the officers of the Medical Staff shall be deemed to satisfy the requirements of the *Public Hospitals Act* with respect to officers of the Medical Staff. For greater certainty, the President, Vice President and Secretary of the Medical Staff shall be deemed to be the president, vice president and secretary of the Medical Staff.
- (2) The officers of the Medical Staff will be:
  - (a) the President;
  - (b) the Vice President;
  - (c) the Secretary; and
  - (d) up to 3 members at large; and
  - (e) past president; and
  - (f) such other officers as the Medical Staff may determine.
- (3) The officers of the Medical Staff shall be elected by quorum every two (2) years for a term of two (2) years.
- (4) The officers of the Medical Staff may serve a maximum eight (8) consecutive years in office. An officer may be re elected to the same position following a break in continuous service of at least one (1) year.
- (5) The officers of the Medical Staff may be removed from office prior to the expiry of their term by a majority vote of the voting members of the Medical Staff in attendance and voting at a meeting of the Medical Staff called for such purpose.
- (6) The position of any elected Medical Staff officer that becomes vacant during the term may be filled by a vote of the majority of the members of the Medical Staff present and voting at a regular meeting of the Medical Staff or at a special meeting of the Medical Staff called for that purpose. The election of such Medical Staff member shall follow the process in section 11.3. The Medical Staff member so elected to office shall fill the office until the next annual meeting of the Medical Staff.

**11.2 Eligibility for Office**

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

### **11.3 Nominations and Election Process**

- (1) A nominating committee shall be constituted through a process approved by the Medical Staff on recommendation of the officers of the Medical Staff.
- (2) At least twenty-one (21) days before the annual meeting of the Medical Staff, the nominating committee shall circulate or post in a conspicuous place at each site of the Hospital, a list of the names of those who are nominated to stand for the offices of the Medical Staff that are to be filled by election, in accordance with the Regulations under the *Public Hospitals Act* and this By-law.
- (3) Any further nominations shall be made in writing to the Secretary of the Medical Staff up to seven (7) days before the annual meeting of the Medical Staff.

### **11.4 President of the Medical Staff**

- (1) The President of the Medical Staff shall:
  - (a) preside at all meetings of the Medical Staff;
  - (b) act as a liaison between the Medical Staff, the Chief Executive Officer, and the Board with respect to matters concerning the Medical Staff;
  - (c) support and promote the values and strategic plan of the Hospital.
- (2) The President of the Medical Staff shall:
  - (a) be a member of the Medical Advisory Committee; and
  - (b) be a non-voting *ex-officio* director of the Board and as a director, fulfill fiduciary duties to the Hospital.

### **11.5 Vice President of the Medical Staff**

- (1) The Vice President of the Medical Staff shall:
  - (a) in the absence or disability of the President of the Medical Staff, act in place of the President, perform his or her duties and possess his or her powers as set out in subsection 11.4(1);
  - (b) perform such duties as the President of the Medical Staff may delegate to him or her; and
  - (c) be a member of the Medical Advisory Committee.

### **11.6 Secretary of the Medical Staff**

The Secretary of the Medical Staff will:

- (a) attend to the correspondence of the Medical Staff;

- (b) ensure notice is given and minutes are kept of Medical Staff meetings;
- (c) maintain the funds and financial records of the Medical Staff and provide a financial report at the annual meeting of the Medical Staff;
- (d) disburse funds at the direction of the Medical Staff, as determined by a majority vote of the Medical Staff members entitled to vote who are present and vote at a Medical Staff meeting;
- (e) be a member of the Medical Advisory Committee; and
- (f) in the absence or disability of the Vice President of the Medical Staff perform the duties and possess the powers of the Vice President as set out in subsection 11.4(1).

### **11.7 Other Officers**

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

## **ARTICLE 12 AMENDMENTS**

### **12.1 Amendments to Medical and Professional Staff By-law**

Prior to submitting amendments to this By-law to the approval processes applicable to the Hospital's by-laws;

- (a) notice specifying the proposed By-law or amendments thereto shall be made available for review by the Medical Staff;
- (b) the Medical Staff shall be afforded an opportunity to comment on the proposed amendment(s); and
- (c) the Medical Advisory Committee may make recommendations to the Board concerning the proposed amendment.

### **12.2 Repeal and Restatement**

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