

COLLINGWOOD GENERAL & MARINE HOSPITAL

BY-LAW GOVERNING PROFESSIONAL STAFF

PART I - DEFINITIONS

1. DEFINITIONS

- a) "Professional Staff" means physicians, dentists, midwives and registered nurses in the extended class who have privileges at the Collingwood General & Marine Hospital.
- b) "Medical Staff" means physicians who have privileges at the Collingwood General & Marine Hospital.
- c) "Hospital" means the Collingwood General and Marine Hospital.

PART II - PROFESSIONAL STAFF

2. PURPOSE OF THE PROFESSIONAL STAFF ORGANIZATION

The Professional Staff organization, in addition to fulfilling the responsibilities established by the laws of Ontario and this By-law, shall:

- a) provide a structure for the members of the Professional Staff to participate in the planning, policy setting, and decision making of the hospital; and
- b) provide a system for continued improvement of the quality of care provided by the Professional Staff.

3. PROFESSIONAL STAFF RESOURCE PLAN

On a regular basis, the Medical Advisory Committee shall recommend a Professional Staff Resource Plan for each department of the Professional Staff to the Board for approval. The Professional Staff Resource Plan shall be consistent with the strategic directions of the Hospital as established by the Board, and the *Public Hospitals Act*, Section 44(2) regarding cessation of services.

4. APPOINTMENT TO THE PROFESSIONAL STAFF

- a) Annually the Board shall appoint a Professional Staff for the Hospital.
- b) In making an appointment or reappointment to the Professional Staff, the Board

shall consider whether there is a need for the services in the community and whether there are financial resources available to support services to be provided by any of the Professional Staff.

- c) Pursuant to section 44 of the *Public Hospitals Act*, if the Board determines that the Hospital shall cease to operate as a public hospital, or if the Minister of Health has directed the Board to cease to operate as a public hospital, the Board may make any decision in the exercise of its powers under section 36 of the *Public Hospitals Act* that the Board considers necessary or advisable in order to implement the Board's determination or the Minister's direction including, without limiting the generality of the foregoing,
 - i) to refuse the application of any applicant for appointment, or the application of any member of the Professional Staff for reappointment to the Professional Staff or a change in hospital privileges; or,
 - ii) to revoke the appointment of any member of the Professional Staff; and
 - iii) to cancel or substantially alter the privileges of any member of the Professional Staff.

5. TERM

Each appointment to the Professional Staff shall be for a period ending December 31st of the appointment year, except where extended by the Board in extenuating circumstances, but when a member has applied for reappointment within the prescribed time, his or her appointment shall be deemed to continue

- a) until the reappointment is granted; or,
- b) where he or she is served with notice that the Board refuses to grant the reappointment, until the time for giving notice requiring a hearing by the Appeal Board has expired and, where a hearing is required, until the decision of the Appeal Board has become final.

6. APPLICATION

- a) On request, the Chief Executive Officer of the Hospital shall supply a copy of the By-laws, the Professional Staff Rules, and the *Public Hospitals Act* and the Regulations thereunder to each applicant who expresses in writing the intention to apply for appointment to the Professional Staff.
- b) An applicant for appointment to the Professional Staff shall submit one (1) original written application on the prescribed form, or an electronic application in the prescribed form, to the Chief Executive Officer of the Hospital, except for an

applicant to the Regional Affiliate Staff group who may apply by submitting a copy of the application for Active or Associate Staff privileges made to a hospital in the region.

- c) Each applicant, except in the case of locums of less than one month, shall visit the Hospital for an interview with appropriate members of the Professional Staff and the Chief Executive Officer, or his or her delegate. The requirement for an interview may be waived by the Hospital in exceptional circumstances.
- d) Each application shall contain:
 - i) a statement by the applicant that he or she shall read and abide by the *Public Hospitals Act* and the Hospital Management Regulation thereunder, by the By-laws of the Hospital and by the Professional Staff Rules;
 - ii) a current Certificate of Professional Conduct (physicians), Letter of Standing (dentists), Letter of Professional Conduct (midwives) or Certificate of Competence (registered nurse in the extended class), and a signed consent authorizing any college to provide information about the applicant including:
 - 1) a report on any action taken by its Disciplinary or Fitness to Practice Committee;
 - 2) a report on whether the applicant's privileges have been curtailed or cancelled by the College or by another hospital because of incompetence, negligence or any act of professional misconduct.
 - iii) evidence of professional liability insurance coverage or membership in the Canadian Medical Protective Association, or equivalent, satisfactory to the Board;
 - iv) an up-to-date curriculum vitae, including a record of the applicant's professional education, post-graduate training, history of academic and professional career, institutional positions and committee memberships and continuing professional education;
 - v) reports on experience, and competence including, where applicable:
 - 1) a report from the Chief of Staff or Chief of Department in the last hospital in which the applicant held an appointment;
 - 2) if the applicant has completed training within the past five years, a report from the director or head of the program in which the applicant has completed training;

- 3) a report from the Chief Executive Officer of the last hospital where the applicant held privileges.
- vi) information of any disciplinary proceeding where there was an adverse finding;
- vii) information of any civil proceeding related to professional practice where there was an adverse finding;
- viii) information of any civil proceeding where there was a finding of negligence or battery;
- ix) a list of the privileges requested; and
- x) evidence of utilization of hospital resources if applicable.

7. CRITERIA FOR APPOINTMENT TO THE PROFESSIONAL STAFF

- a) Only an applicant who is a registrant in good standing of the relevant College and qualified to practice medicine, dentistry, midwifery, or extended class nursing and licensed pursuant to the laws of Ontario, is eligible to be a member of and appointed to the Professional Staff of the Hospital except as otherwise provided for in this by-law for the Honourary Staff group.
- b) The applicant shall have:
 - i) a current Certificate of Professional Conduct (physicians), Letter of Standing (dentists), Letter of Professional Conduct (midwives), or Certificate of Competence (registered nurse in the extended class);
 - ii) a demonstrated ability to provide patient care at an appropriate level of quality and efficiency;
 - iii) a demonstrated ability to communicate, work with, and relate to all members of the Professional Staff and hospital employees in a cooperative and professional manner;
 - iv) a demonstrated ability to communicate and relate appropriately to patients and patients' relatives;
 - v) a willingness to fulfil the obligations appropriate to the membership group;
 - vi) adequate training and experience for the privileges requested;

- vii) evidence of current professional liability insurance coverage or membership in the Canadian Medical Protective Association, or equivalent, satisfactory to the Board;
 - viii) a report on, among other things, the experience, competence and reputation of the applicant from the Chief of Staff or Chief of Department in the last hospital in which the applicant trained or held an appointment; and
 - ix) the applicant's agreement to provide reasonable on-call coverage as required by the relevant roster or schedule.
- c) The applicant shall agree to govern himself or herself in accordance with the requirements set out in these By-laws, the Professional Staff Rules and the policies of the Hospital.
 - d) The applicant shall indicate to the Credentials Committee adequate control of any significant physical or behavioural impairment that affects skill, attitude or judgment which skill, attitude or judgment may be required as part of the appointment requested.
 - e) The individual shall meet the needs of the respective Department as described in the Professional Staff Resource Plan, and shall be assessed on the basis of credentials and experience, and such other factors as the Board may from time to time consider relevant, or as set out in the Rules of the Professional Staff.

8. PROCESSING OF APPLICATION

- a) The Chief Executive Officer shall retain a copy of the application and shall refer the original application immediately to the chair of the Medical Advisory Committee. The chair of the Medical Advisory Committee shall keep a record of each application received and refer the original application forthwith to the chair of the Credentials Committee for review.
- b) The Credentials Committee shall:
 - i) investigate each application submitted under the provisions of subsection 7, and
 - ii) make a written report thereon to the Medical Advisory Committee at its next regular meeting.
- c) The Medical Advisory Committee shall:
 - i) consider the report of the Credentials Committee and make a

recommendation to the Board;

- ii) provide written notice to the applicant and the Board of its recommendation;
 - iii) make its recommendation to the Board with regards to a physician's privileges within 60 days of receipt of the application, unless written notice with reasons is provided to the Board and the applicant pursuant to Section 37 of the *Public Hospitals Act*.
- d) If a hearing is not required the Board shall implement the recommendation of the Medical Advisory Committee.

9. REFUSAL TO APPOINT

Pursuant to Section 37 of the *Public Hospitals Act*, the Board may refuse to appoint an applicant to the Professional Staff.

10. APPLICATION FOR REAPPOINTMENT

- a) Each year each member of the professional staff in the Associate, Active, Regional Affiliate and Courtesy staff groups who wants continued privileges shall submit a written application for reappointment to the Professional Staff on the prescribed form to the Chief Executive Officer of the Hospital in the same manner as set out and prescribed under section 6.
- b) The application for reappointment to the Professional Staff shall be processed in the same manner as set out in Section 8.
- c) Members in the Honourary Staff group may be reappointed without having made an application.

11. CRITERIA FOR REAPPOINTMENT TO THE PROFESSIONAL STAFF

- a) Only an applicant that continues to meet all the criteria for appointment in section 7 and continues to demonstrate appropriate use of the Hospital's resources shall be reappointed as a member to the Professional Staff.
- b) For reappointment, the requirement that a Certificate of Professional Conduct, Letter of Standing, Letter of Professional Conduct or Certificate of Competence from the relevant College be delivered with a consent to release of information from the registrar of the College shall only be required every three years.

12. REFUSAL TO REAPPOINT

Pursuant to section 37 of the *Public Hospitals Act*, the Board may refuse to reappoint a member to the Professional Staff.

13. APPLICATION FOR CHANGE OF PRIVILEGES

- a) Where a member of the Professional Staff wishes to apply for new privileges, an application using the prescribed form shall be submitted listing the new privileges which are requested together with evidence of appropriate training and competence for the new privileges;
- b) Where a member of the Professional Staff does not wish to apply for all of his or her previous privileges, the requested deletion(s) shall be indicated on the application for reappointment;
- c) Applications for new privileges and reapplications with deleted privileges shall be processed as in Section 8 in accordance with
 - i) the provisions of the *Public Hospitals Act* and the Regulations thereunder, and
 - ii) the consideration of the impact on the Professional Staff resource plan, and
 - iii) the impact on Hospital resources of the requested change in status.

14. PROFESSIONAL STAFF GROUPS

- a) The Medical Staff is divided into the following groups:
 - i) Associate
 - ii) Active
 - iii) Regional Affiliate
 - iv) Courtesy
 - v) Locum Tenens
 - vi) Term
 - vii) Temporary
 - viii) Honourary

- b) The Dental Staff belong to the Courtesy Staff group.
- c) The Midwifery Staff is divided into the following groups:
 - i) Active
 - ii) Associate
 - iii) Locum Tenens
- d) The Extended Class Registered Nursing Staff belong to the Courtesy Staff group.

15. ASSOCIATE STAFF

- a) Every applicant applying for appointment to the Active Staff shall be assigned to the Associate Staff for a probationary period.
- b) Each Associate Staff member shall have admitting privileges as specified in the appointment.
- c) An Associate Staff member shall work under the counsel and supervision of a mentor who shall be a member of the Active Staff named by the Chief of the Department to which the Associate Staff member has been assigned by the Medical Advisory Committee. During the period of supervision the Chief of the Department may change the mentor assigned to the Associate Staff member.
- d) A mentor shall provide guidance to the Associate Staff member in accordance with the Professional Staff Rules and shall report any significant concerns to the Chief of the Department.
- e) The Chief of the Department shall review the performance of the Associate Staff member throughout the member's term of appointment and shall report to the Credentials Committee. Where the review is unfavourable, the Associate Staff member shall be notified and advised what is required to meet the criteria for a favourable report.
- f) Within one (1) year of the appointment to the Associate Staff, the Professional Staff member shall be reviewed by the Credentials Committee who shall report to the Medical Advisory Committee.
- g) If a report made under section 15 (f) is not favourable to the Associate Staff member this shall be communicated to the Associate Staff member and the Medical Advisory Committee may recommend that
 - i) the appointment of the Associate Staff member shall be terminated; or

- ii) that the appointment of the Associate Staff member be continued in the Associate Staff group for a specified period of time in order to make specified improvements to meet the criteria for a favourable report.
- h) Membership in the Associate Staff category shall not exceed two (2) years.
- i) A member of the Associate Staff shall not vote at medical staff meetings nor be elected a medical staff officer, but may be appointed to a Medical Staff Committee.

16. ACTIVE STAFF

- a) The Active Staff shall consist of those members of the Professional Staff who have been appointed by the Board, following a period of Associate Staff membership as provided for in the by-laws.
- b) Each applicant for appointment or reappointment to the Active Staff group shall undertake in writing that he/she shall not continue to be, or become, a member of the Active Staff group of another hospital. In unusual circumstances the Board may waive this requirement after considering the advice of the Medical Advisory Committee.
- c) Active Staff members shall have admitting privileges unless otherwise specified in their appointment to the Professional Staff.
- d) Active Staff members shall be eligible to vote at medical staff meetings and to hold office.
- e) Each member of the Active Staff shall:
 - i) undertake such duties in respect to patient care as may be specified by the Chief of Staff or by the Chief of the Department to which the member has been assigned;
 - ii) act as a mentor or supervisor of a member of the Professional Staff as and when requested by the Chief of Staff or the Chief of the Department; and
 - iii) assume on-call responsibilities as determined by the Department to which the member has been assigned.

17. REGIONAL AFFILIATE

- a) The Board may grant an appointment to the Regional Affiliate Staff to an applicant who has privileges at another hospital and requires privileges at the Collingwood General and Marine Hospital so as to fully participate in an approved regional program.
- b) A member of the Regional Affiliate Staff group shall:
 - i) undertake such duties in respect to patient care as may be specified by the Chief of Staff or by the Chief of the Department to which the member has been assigned, and this may include outpatient services including operative procedures, and consultation to inpatients and assisting in the Operating Room where required; and
 - ii) shall assume on-call responsibilities as determined by the Department to which the member has been assigned.

18. COURTESY STAFF

- a) The Board may grant an appointment to the Courtesy Staff in one or more of the following circumstances:
 - i) the applicant has a primary commitment to, or contractual relationship with, another community or organization. or
 - ii) the applicant requests limited access to Hospital resources or outpatient programs or facilities, or
 - iii) where the Board deems it otherwise advisable.
- b) Each Professional Staff member on the Courtesy Staff may attend medical staff and departmental meetings but unless the Board so requires shall not be subject to attendance requirements.
- c) Except where there is an attendance requirement, members of the Courtesy Staff shall not have the right to vote at Medical Staff or departmental meetings.
- d) Members of the Courtesy Staff shall not hold office except for the position of Head Dentist and shall not be eligible for appointment to a Medical Staff Committee.

19. LOCUM TENENS

- a) A member of the Professional Staff may request the appointment of a locum tenens physician as a planned replacement for himself or herself for a specified period of time.
- b) Notwithstanding any other provision in this By-law, the Chief Executive Officer or his delegate, after consultation with the Chief of Staff or his delegate, may:
 - i) grant Locum Tenens Staff privileges to an applicant 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 and reviewed; and
 - ii) after considering the recommendation of the Medical Advisory Committee may continue privileges in the Locum Tenens Staff group until the next meeting of the Board at which time the actions taken shall be reported and acted upon as required.
- c) A member in the Locum Tenens Staff group shall:
 - i) for the first twelve months of privileges, work under the counsel and supervision of a member of the Active Staff who has been assigned as a mentor by the Chief of Staff or his delegate;
 - ii) undertake such duties in respect of patient care as may be specified by the Chief of Staff or by the Chief of the Department to which the physician has been assigned including admitting and on-call responsibilities, where applicable.

20. TERM STAFF

- a) Term Staff means members who have been granted admitting and/or procedural privileges in order to meet a specific clinical need for a defined period of time not to exceed one (1) year. The specific clinical need shall be identified by the Medical Advisory Committee, approved by the Chief Executive Officer of the Hospital and approved by the Board. An appointment to Term Staff does not imply or provide for any continuing Professional Staff appointment.
- b) Each member of the Term Staff shall:
 - i) undertake such duties in respect of patient care as may be specified by the Chief of Staff or by the Chief of the Department to which the member has been assigned; and

- ii) assume on-call responsibilities as determined by the department to which the member has been assigned.
- c) For the first twelve months of privileges, a Term Staff member shall work under the counsel and supervision of a mentor who shall be a member of the Active Staff named by the Chief of the Department to which the Term Staff member has been assigned by the Medical Advisory Committee. The mentor shall provide guidance to the Term Staff member and shall report any significant concerns to the Chief of the Department.

21. TEMPORARY STAFF

- a) A Temporary appointment may be made only for one of the following reasons:
 - i) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
 - ii) to meet an urgent unexpected need for a professional service.
- b) Notwithstanding any other provision in this By-law, the Chief Executive Officer or his delegate, after consultation with the Chief of Staff or his delegate, may:
 - i) grant Temporary privileges to a physician who is not a current 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 and reviewed by the Medical Advisory Committee;
 - ii) after considering the recommendation of the Medical Advisory Committee may continue the Temporary privileges until the next meeting of the Board at which time the actions taken shall be reported and acted upon as required;
 - iii) remove Temporary privileges at anytime prior to any action by the Board.
- c) An appointment to the Temporary Staff group does not provide privileges to admit patients.

22. HONOURARY STAFF

- a) On the recommendation of the Medical Advisory Committee, a physician, dentist, midwife, or registered nurse in the extended class may be honoured by the Board with an appointment to the Honourary Staff of the Hospital because he or she:

- i) is a former member of the Professional Staff who has retired from active practice; or
 - ii) has an outstanding reputation or has made an extraordinary contribution.
- b) Members of the Honourary Staff shall not:
- i) be eligible to vote at medical staff meetings or to hold office,
 - ii) be bound by the attendance requirements for medical staff meetings, nor
 - iii) have admitting privileges or privileges to attend patients in the hospital.

PROFESSIONAL STAFF DUTIES

23. DUTIES, GENERAL

- a) Each member of the Professional Staff is accountable to and shall recognize the authority of the Board through and with their Chief of Department, the Chief of Staff and the Chief Executive Officer or their delegates.
- b) Each member of the Professional Staff shall:
 - i) attend and treat patients within the limits of the privileges granted by the Board;
 - ii) notify the Chief Executive Officer of any change by the relevant College in his or her licence to practise medicine, dentistry, midwifery, or nursing;
 - iii) give such instruction as is required for the education of other members of the Professional and Hospital staff;
 - iv) abide by the Rules of the Professional Staff, this By-law, the *Public Hospitals Act* and the Regulations thereunder and all other legislated requirements and the policies and procedures of the Hospital;
 - v) co-operate with the Chief of Staff and the Medical Advisory Committee, the Chief of the Department to which the physician has been assigned, the President of the Medical Staff and the Chief Executive Officer of the Hospital; and
 - vi) perform such other duties as may be prescribed from time to time by, or under the authority of, the Board, the Medical Advisory Committee or the Chief of Staff.

- c) Each member of the Active and Associate Staff groups, and of other staff groups where required, shall attend 50 percent of the regular medical staff meetings and 70 percent of the meetings of the department of which he or she is a member.

24. CHIEF OF STAFF

- a) The Board shall appoint a member of the Active medical staff to be the Chief of Staff after giving consideration to the recommendations of a Selection Committee, which in turn shall seek the advice of the Medical Advisory Committee.
- b) The membership of a Selection Committee shall include:
 - i) a Trustee, who shall be chair;
 - ii) the outgoing Chief of Staff;
 - iii) two (2) members of the Medical Advisory Committee, one (1) of whom shall be the President of the Medical Staff or his or her delegate;
 - iv) the Chief Nursing Officer;
 - v) the Chief Executive Officer, or his or her delegate; and
 - vi) such other members as the Board deems advisable.
- c) Subject to annual confirmation by the Board, an appointment made under subsection 24(a) shall be for a term up to three (3) years, but the Chief of Staff shall hold office until a successor is appointed.
- d) The Board may at any time revoke or suspend the appointment of the Chief of Staff.

25. DUTIES OF THE CHIEF OF STAFF

The Chief of Staff shall:

- a) be a member of the Board and be accountable to the Board;
- b) notify the Chief Executive Officer and the chair of the Board if he or she shall be absent and designate a Chief of Department to act as an alternate Chief of Staff during the absence;

- c) organize and supervise the Professional Staff to ensure that the quality of care they provide to patients of the Hospital is in accordance with policies established by the Board;
- d) chair the Medical Advisory Committee;
- e) advise the Medical Advisory Committee and the Board, through the Governance Committee, with respect to the quality of medical diagnosis, care and treatment provided to the patients of the Hospital;
- f) report regularly to the Board and medical staff about the activities, recommendations and actions of the Medical Advisory Committee and any other matters about which they should have knowledge;
- g) assign, or delegate the assignment of, a member of the Professional Staff:
 - i) to supervise the practice of any other member of the Professional Staff for any period of time; and
 - ii) to make a written report to the Chief of Staff and the Chief of the appropriate department regarding the supervision of the member of the Professional staff;
- h) assign, or delegate the assignment of, a member of the Professional Staff to discuss in detail with any other member of the Professional Staff any matter which is of concern to the Chief of Staff and to report the discussion to the Chief of Staff and the Chief of the appropriate department;
- i) supervise the care provided by all members of the Professional Staff and this may include viewing any procedure performed by a member of the Professional Staff without requiring the permission of the member;
- j) be responsible to the Board with the Chief Executive Officer for the appropriate utilization of resources by all Professional Staff;
- k) report to the Medical Advisory Committee on activities of the Hospital including the utilization of resources and quality assurance;
- l) participate in the development of the Hospital's vision, mission, and strategic plan;
- m) work with the Medical Advisory Committee to develop a plan for the Professional Staff human resources needs of the Hospital in accordance with the Hospital's strategic plan;

- n) participate in Hospital resource allocation decisions;
- o) establish and conduct a process for the regular review of the performance of the Chiefs of Department;
- p) establish the requirements for Professional Staff participation in continuing professional education;
- q) receive and review recommendations from Chiefs of Department regarding changes in privileges;
- r) receive and review the performance evaluations and the recommendations from Chiefs of Department concerning re-appointments. Forward evaluations and recommendations regarding re-appointment to the Medical Advisory Committee through the Credentials Committee and ensure follow through of the recommendations therefrom;
- s) advise the Professional Staff on current Hospital policies and procedures;
- t) delegate appropriate responsibility to the Chiefs of Department;
- u) be an ex-officio member of all committees reporting to the Medical Advisory Committee; and
- v) be a member of all Board Committees.

MEDICAL ADVISORY COMMITTEES

26. MEDICAL ADVISORY COMMITTEE

- a) The Medical Advisory Committee shall consist of:
 - i) the Chief of Staff, who shall be chair;
 - ii) all Chiefs of Department;
 - iii) the Director of Laboratory Services or his pathologist delegate;
 - iv) the Director of Diagnostic Imaging or his delegate;
 - v) the President of the medical staff;
 - vi) the Vice-President of the medical staff;

- vii) the Secretary of the medical staff;
 - viii) the Heads of Services;
 - ix) the Chief Executive Officer (ex-officio/non-voting);
 - x) the Director of Patient Services (ex-officio/non-voting); and
 - xi) other non-voting members as the Board may determine from time to time after considering the advice of the Medical Advisory Committee.
- b) The Medical Advisory Committee shall:
- i) subject to the provisions of the By-laws, appoint the chair and the members of the Medical Staff Committees;
 - ii) receive and consider the report of the Credentials Committee;
 - iii) in considering a recommendation for appointment, reappointment or change in privileges; review:
 - 1) the need of the Hospital and the community for such an appointment; and
 - 2) the impact such an appointment would have on available Hospital resources;
 - iv) in the case of a recommendation for appointment, specify the privileges which it recommends the applicant be granted;
 - v) develop a Professional Staff Human Resources Plan, as in Section 3;
 - vi) advise the Board, through the Chief of Staff, on:
 - 1) Professional Staff quality assurance;
 - 2) Professional Staff education;
 - 3) the clinical role of the Hospital; and
 - 4) the Professional Staff Human Resources Plan;
 - vii) report to the Board, the Chief Executive Officer and the Professional Staff information concerning clinical practice in the Hospital;

- viii) advise and cooperate with the Board and the Chief Executive Officer in all matters pertaining to the professional, clinical, and technical service in the Hospital; and
- ix) advise the Board on any matter referred to it by the Board.

27. MEDICAL STAFF COMMITTEES ESTABLISHED BY THE BOARD

The following Medical Staff Committees are hereby established by the Board:

- a) Credentials Committee;
- b) Medical Records Committee;
- c) Medical Quality Assurance Committee;
- d) Infection Control Committee;
- e) Utilization Committee;
- f) Pharmacy and Therapeutics Committee.

28. CREDENTIALS COMMITTEE DUTIES

The Credentials Committee shall:

- a) ensure that a record of the qualifications and professional career of every member of the Professional Staff is maintained;
- b) establish the authenticity of and investigate the qualifications of each applicant for appointment and reappointment to the Professional Staff and each applicant for a change in privileges;
- c) after considering references, interviews, reports of the Chiefs of Departments and performance evaluations, report to the Medical Advisory Committee on whether each applicant meets the criteria for appointment or reappointment;
- d) perform other duties prescribed by the Medical Advisory Committee.

29. MEDICAL RECORDS COMMITTEE DUTIES

The Medical Records Committee shall:

- a) advise the Medical Advisory Committee on compliance with the provisions of the Hospital Management Regulation under the *Public Hospitals Act* with respect to Medical Records, including the development of policies and procedures to govern the completion of medical records;
- b) review and revise forms for Professional Staff record keeping;
- c) perform other duties prescribed by the Medical Advisory Committee;

30. MEDICAL QUALITY ASSURANCE COMMITTEE DUTIES

The Medical Quality Assurance Committee shall:

- a) develop systems to monitor and improve the quality of care provided by the Professional Staff;
- b) report in writing to the Medical Advisory Committee, the hospital Quality, Risk and Safety Committee, and the Governance and Quality Committee of the Board at their next regular meetings;
- c) perform other duties prescribed by the Medical Advisory Committee.

31. INFECTION CONTROL COMMITTEE DUTIES

The Infection Control Committee shall:

- a) develop and maintain a system of surveillance and reporting of cases of infection that are admitted to or develop in the hospital, and recommend to the Medical Advisory Committee and to Senior Management policies and procedures for the prevention and control of infections;
- b) perform other duties prescribed by the Medical Advisory Committee.

32. UTILIZATION COMMITTEE DUTIES

The Utilization Committee shall:

- a) develop a system of monitoring the efficient use of hospital resources by Professional Staff, and recommend to the Medical Advisory Committee practices and policies to improve the efficiency of the use of hospital resources by Professional Staff; and
- b) perform other duties prescribed by the Medical Advisory Committee.

33. PHARMACY AND THERAPEUTICS COMMITTEE DUTIES

The Pharmacy and Therapeutics Committee shall:

- a) recommend to the Medical Advisory Committee a drug formulary, and policies and procedures for the safe and effective prescription of drugs;
- b) perform other duties prescribed by the Medical Advisory Committee.

PROFESSIONAL STAFF DEPARTMENTS

34. DEPARTMENT

- a) When warranted by the professional resources of the Medical Staff, the Board, on the advice of the Medical Advisory Committee, may divide the Medical Staff into departments.
- b) Whenever a separate department is established, Medical Staff members and patients related to such a department shall come under the jurisdiction of that department.
- c) The Board, after considering the advice of the Medical Advisory Committee, at any time, may establish or disband departments of the Professional Staff.

35. CHIEF OF DEPARTMENT

- a) The Board shall appoint a physician from the department as Chief of Department, after giving consideration to the recommendations from the department and the Medical Advisory Committee.
- b) Subject to annual confirmation by the Board, the appointment of a Chief of Department may be for a term up to three (3) years, but the Chief of Department shall hold office until a successor is appointed.
- c) The Board may at any time revoke or suspend the appointment of a Chief of Department.
- d) Under extraordinary conditions, the Chief of Staff may suspend the Chief of Department from the role of Chief of Department and, pending review, appoint an acting Chief of Department.

36. DUTIES OF CHIEF OF DEPARTMENT

The Chief of Department shall:

- a) supervise, with the Chief of Staff, the care provided by all members of the department and this may include viewing any procedure performed by a member of the department without requiring the permission of the member;
- b) participate in the orientation of new members of the Professional Staff appointed to the department;
- c) be responsible for the organization and implementation of a quality assurance program in the department;
- d) advise the Medical Advisory Committee through and with the Chief of Staff with respect to the quality of care, diagnosis, and treatment provided to patients by the Professional Staff members of the department;
- e) advise the Chief of Staff and the Chief Executive Officer of any patient who is not receiving appropriate treatment and care;
- f) be responsible to the Chief of Staff and with the Chief Executive Officer for the appropriate utilization of the resources allocated to the department;
- g) report to the Medical Advisory Committee and to the department on activities of the department including utilization of resources and quality assurance;
- h) make recommendations to the Medical Advisory Committee regarding Professional Staff Human Resources needs of the department in accordance with the Hospital's strategic plan following consultation with Professional Staff of the department, the Chief of Staff and, where appropriate, Heads of Services;
- i) lead the department in developing its annual objectives;
- j) participate in department resource allocation decisions and capital budget planning;
- k) at least annually review or cause to be reviewed the privileges granted to members of the department and make recommendations, if any, for changes in the kind and degree of such privileges;
- l) at least annually conduct performance evaluations of members of the department and make recommendations concerning reappointments to the Credentials Committee;

- m) be a member of the Medical Advisory Committee;
- n) establish a process for continuing professional education related to the department;
- o) advise the members of the department regarding current Hospital and departmental objectives, policies and procedures and rules;
- p) hold regular meetings with the Professional Staff of the department and, where appropriate, with the Heads of Services within the department;
- q) notify the Chief of Staff or the President and Chief Executive Officer if he or she shall be absent and designate a member of the Department to act as an alternate Chief of Department during the absence; and
- r) delegate appropriate responsibility to the Heads of Services within the department.

37. SERVICES IN A DEPARTMENT

The Board, on the advice of the Medical Advisory Committee, after considering the recommendation of the Chief of the Department, may divide a department into services.

38. HEADS OF SERVICE

- a) When services are established under a department, the Board, on the advice of the Medical Advisory Committee, after considering the recommendation of the Chief of the Department, shall appoint for each service a Head of Service who shall be responsible to the Chief of the Department for the quality of care provided to patients by the Professional Staff in that service.
- b) Subject to annual confirmation of the Board the appointment of a Head of Service shall be for a term of up to three (3) years, but the Head of Service shall continue to hold office until a successor is appointed.
- c) The Board may at any time revoke or suspend the appointment of a Head of Service.

MEETINGS - MEDICAL STAFF

39. NOTICE OF ANNUAL MEETINGS

At least ten (10) days before the meeting a written notice of each annual meeting shall be posted by the Secretary of the medical staff in a prominent location in the Hospital.

40. NOTICE OF REGULAR MEETINGS

At least five (5) days before the meeting a written notice of each regular meeting shall be posted by the Secretary of the medical staff in a prominent location in the Hospital.

41. SPECIAL MEETINGS

- a) In cases of emergency, the President of the Medical Staff may call a special meeting.
- b) A special meeting shall be called by the President of the Medical Staff on the written request of any seven (7) members of the Active Staff.
- c) At least five (5) days before the special meeting, except in an emergency, a written notice of the meeting stating the nature of the business for which the special meeting is called shall be posted by the Secretary of the medical staff in a prominent location in the Hospital.
- d) The notice period required for a special meeting shall be waived in cases of emergency, subject to ratification of the waiver by the majority of those members present and voting at the special meeting as the first item of business at the special meeting.

42. QUORUM

A total of fifteen medical staff members entitled to vote shall constitute a quorum at any annual, regular or special meeting of the medical staff.

43. ATTENDANCE AT REGULAR STAFF MEETINGS

Each physician member of the active staff shall attend at least 50 per cent of the regular medical staff meetings.

44. ATTENDANCE BY DENTAL STAFF AT MEDICAL STAFF MEETINGS

A member of the dental staff may attend medical staff meetings but shall not be eligible to vote at a medical staff meeting.

45. ATTENDANCE BY MIDWIFERY STAFF AT MEDICAL STAFF MEETINGS

A member of the midwifery staff may attend medical staff meetings but shall not be eligible to vote at a medical staff meeting.

46. ATTENDANCE AT DEPARTMENT MEETINGS

Each medical staff member in the Active and Associate Staff groups shall attend at least 70 per cent of the meetings of the department of which he or she is a member.

MEDICAL STAFF ELECTED OFFICERS

47. ELIGIBILITY FOR OFFICE

- a) Only members of the Active medical staff may be elected or appointed to the position or office of:
 - i) President of Medical Staff;
 - ii) Vice President;
 - iii) Secretary/Treasurer;
- b) The term of office for each position is until replaced at an annual meeting;
- c) A member of the dental staff is not eligible to hold an office other than Head of Dental Service.
- d) A member of the midwifery staff is not eligible to hold an office other than Head of Midwifery Service.

48. ELECTION PROCEDURE

- a) At least ninety (90) days before the annual meeting of the Medical Staff, a Nominating Committee comprised of the outgoing President and two past Presidents, or failing that, two other members of the medical staff, shall be appointed by the medical staff.
- b) At least thirty (30) days before the annual meeting of the medical staff, the Nominating Committee shall post in a prominent location in the Hospital a list of the names of those who are nominated for the offices of the medical staff which are to be filled by election in accordance with this By-law and the Regulations under the *Public Hospitals Act*.
- c) Any further nominations shall be made in writing to the Secretary of the medical staff within fourteen (14) days after the posting of the names referred to in subsection 48 (b).
- d) Further nominations referred to in subsection 48 (c) shall be signed by two (2) members of the Active medical staff who are entitled to vote and the nominee

shall have signified in writing acceptance of the nomination on the nomination form.

- e) The further nominations shall then be posted alongside the list referred to in subsection 48 (b).
- f) Elections to medical staff positions shall be held each year at the annual meeting of the medical staff held in the month of June, except where rescheduled for extenuating circumstances.
- g) Officers of the medical staff elected at the annual meeting shall assume their duties immediately after the conclusion of the annual meeting.

49. DUTIES OF THE PRESIDENT OF THE MEDICAL STAFF

The President of the medical staff shall:

- a) be a member of the Board;
- b) be a member of the Medical Advisory Committee;
- c) report to the Medical Advisory Committee and the Board on any issues raised by the medical staff;
- d) be accountable to the medical staff and advocate fair process in the treatment of individual members of the medical staff;
- e) preside at all meetings of the medical staff;
- f) call special meetings of the medical staff;
- g) be an ex-officio member of the Joint Conference Committee and Governance and Quality Committee;
- h) be an ex-officio member, or delegate the Vice-President or Secretary-Treasurer to be a member, of the Finance/HR Committee;
- i) be a member of the Credentials Committee.

50. DUTIES OF THE VICE-PRESIDENT OF THE MEDICAL STAFF

The Vice-President of the medical staff shall:

- a) act in the place of the President of the medical staff, and perform his or her

duties and possess his or her powers, in the absence or disability of the President;

- b) perform such duties as the President of the medical staff may delegate;
- c) be a member of the Medical Advisory Committee;
- d) be a member of the Board.

51. DUTIES OF THE SECRETARY/TREASURER OF THE MEDICAL STAFF

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 as required;
- d) take or arrange for minutes to be taken of all medical staff meeting;
- e) take or arrange for a record to be taken of the attendance at each meeting of the medical staff;
- f) make the attendance records available to the Medical Advisory Committee;
- g) act in the place of the Vice-President of the medical staff, and perform his or her duties and possess his or her powers in the absence or disability of the Vice-President;
- h) keep the funds of the medical staff in a safe manner and be accountable therefore; and
- i) disburse medical staff funds at the direction of the medical staff as determined by a majority vote of the medical staff members present and entitled to vote at a medical staff meeting.

PART III - PROFESSIONAL STAFF RULES

52. PROFESSIONAL STAFF RULES

- a) The Board requires that appropriate Professional Staff rules be formulated.
- b) After considering the recommendation of the Medical Advisory Committee and

the Professional Staff, the Board may establish, modify or revoke one or more Professional Staff rules.

- c) The Medical Advisory Committee may make recommendations to the Board for the establishment of one or more Professional Staff rules to be applicable to a group or category of the Professional Staff, or to a department of the Professional Staff, or to all members of the Professional Staff.
- d) The Medical Advisory Committee shall ensure that, prior to making any recommendation to the Board with respect to a rule, the members of the Active Staff, or a specific department when appropriate, have an opportunity to comment on the proposed recommendation.
- e) The President of the Medical Staff shall ensure that the Board is informed when a majority vote of the medical staff at any properly constituted meeting of the medical staff, or when a majority of members of a specific department or service, where applicable, is opposed to a rule or rule change proposed by the Medical Advisory Committee.

SCHEDULE 1 - REAPPOINTMENTS, REQUESTS FOR CHANGES IN PRIVILEGES AND MIDTERM ACTION

This Schedule outlines the procedures to be followed in three different circumstances:

1. Reappointment and requests for changes in privileges;
2. Midterm action not in an emergency situation;
3. Midterm suspension in an emergency situation; and

A member's appointment and / or privileges shall continue through an application for reappointment and request for change in privilege until all appeals consistent with the *Public Hospitals Act* are completed.

1. Reappointment and Requests for Changes in Privileges:

On the submission of an application for reappointment or a request for a change in privileges:

- a) The Credentials Committee shall forward to the Medical Advisory Committee a recommendation in respect of a reappointment or request for a change in privileges consistent with the Committee's terms of reference and such recommendation shall be in writing and supported by reference to the specific activities or conduct which constitute the basis for the recommendation.

- b) The Medical Advisory Committee may:
 - i) initiate further investigation;
 - ii) establish an ad hoc Committee to conduct further investigation;
 - iii) refer the matter back to the Credentials Committee with directions or refer the matter to an external consultant; or
 - iv) make a recommendation to the Board.
- c) If the Medical Advisory Committee requires further time to decide how to proceed under Section 1 (b), the Medical Advisory Committee may defer its recommendation on giving notice in writing that the recommendation cannot yet be made and reasons for the deferral to the Board and the member in accordance with Section 37 (5) of the *Public Hospitals Act*.
- d) After receipt of the report of the ad hoc Committee or consultant pursuant to Section 1 (b), the Medical Advisory Committee shall complete its investigation and the Medical Advisory Committee may:
 - i) make a recommendation to the Board and in the case of a recommendation not to grant privileges shall provide notice to the member as outlined in Section 1 (e) and Section 1 (f); or
 - ii) in the course of determining its recommendation, in its sole discretion, may decide that there shall be a Special Meeting of the Medical Advisory Committee and the member shall be entitled to attend. The Special Meeting of the Medical Advisory Committee shall be conducted in accordance with the procedures set out in Section 4.
- e) Service of notice to the member may be made personally or by registered mail addressed to the person to be served at their last known address and where notice is served by registered mail it shall be deemed to have been served on the third day after mailing unless the Member establishes that he or she did not, acting in good faith, through absence, accident, illness or other causes beyond their control, receive it until a later date.
- f) Notice delivered under Section 1 (d) (i) shall state:
 - i) that written reasons for the recommendation shall be delivered to the member if the member requests written reasons within seven (7) days of receipt of the notice; and
 - ii) that the member is entitled to a Hearing before the Hospital Board if a written request is received by the Board and the Medical Advisory

Committee within seven (7) days from the receipt by the member of the Medical Advisory Committee's written reasons, where requested.

- g) If the member does not make a request, in writing, under Section 1 (f) (ii), the Board may implement the recommendation of the Medical Advisory Committeeⁱ.
- h) Where the member requests a Hearing pursuant to Section 1 (f) (ii), the Board shall appoint a place and a time for the Hearingⁱⁱ.

2. Midterm action not in an emergency situation:

Wherever a member is alleged to have engaged in conduct, either within or outside of the hospital, and the same exposes, or is reasonably likely to expose patients to harm or injury, or the same is, or is reasonably likely to be, detrimental to patient safety, patient care or hospital operations, or wherever a member's conduct or performance results in imposition of sanctions by the professional College the following procedures of midterm review shall be followed:

- a) Where information is provided to the Chief Executive Officer, Chief of Staff or Chief of Department which raises concern about the conduct, performance or competence of a member of the Professional Staff, the information shall be in writing.
- b) If either of the Chief Executive Officer, Chief of Staff, Chief of Department receives information about the conduct, performance or competence of a member of the Professional Staff, he or she shall inform the other two.
- c) Where the concern pertains to the timely completion of health records according to hospital policy, no interview with the member is required and any two of the Chief Executive Officer, the Chief of Staff and the Chief of Department may refer the matter to the Medical Advisory Committee. Where the concern does not solely pertain to the timely completion of health records, an interview shall be arranged with the member, the Chief of Staff and the Chief of Department.
- d) The member shall be advised of the information about his or her conduct, performance or competence and shall be given a reasonable opportunity to present relevant information on his or her own behalf.
- e) A written record shall be maintained reflecting the substance of the interview and copies shall be sent to the member, the Chief of Staff, and the Chief of Department.
- f) If the member fails or declines to participate in the interview after being given a reasonable opportunity, the midterm review shall proceed.

- g) The Chief of Staff and Chief of Department, and where applicable in consultation with the Chief Executive Officer, shall determine whether further review is necessary. Further investigation with a report may be assigned to:
 - i) individual(s) within the hospital;
 - ii) the Medical Advisory Committee;
 - iii) a body within the hospital other than the Medical Advisory Committee; or
 - iv) an external consultant.
- h) The Chief of Staff and Chief of Department, in consultation with the Chief Executive Officer, shall determine whether to refer the matter to the Medical Advisory Committee.
- i) Where it is determined that further action relating to the dismissal, suspension or restriction of a member's hospital privileges may be required, the matter shall be referred in writing to the Medical Advisory Committee.
- j) The Medical Advisory Committee shall consider all the information from the investigation and may investigate further or refer the matter to another individual or body for further investigation.
- k) The Medical Advisory Committee may then:
 - i) decide that the matter is resolved;
 - ii) approve a plan of action for supervision of the member's practice; or
 - iii) proceed to a Special Meeting of the Medical Advisory Committee under Section 4.

3. Midterm suspension in an emergency situation:

If at any time it becomes apparent that the conduct, performance or competence of a member exposes, or is reasonably likely to expose patient(s) to harm or injury and immediate action must be taken to protect the patient(s) or to ensure the delivery of care to the patient(s) the following procedures shall be followed:

- a) In addition to the steps outlined in Section 2, the Chief of Department or the Chief of Staff shall suspend the member's privileges and shall immediately notify the member, the Medical Advisory Committee, the President and Chief Executive Officer, the President of the Medical Staff and the Board of the decision to suspend the member's privileges;

- b) Arrangements shall be made by the Chief of the Department or Chief of Staff for the assignment of a substitute to care for the patients of the suspended member.
- c) Within 48 hours of suspension, the individual who suspended the member shall provide the Medical Advisory Committee, the President and Chief Executive Officer and the President of the Medical Staff with written reasons for the suspension and copies of any relevant documents for records;
- d) Upon receipt of the written reasons for suspension, the Medical Advisory Committee shall set a date for a Special Meeting of the Medical Advisory Committee to review the suspension and to make recommendation to the Board; The Special Meeting shall be held within five (5) days from the date of suspension;
- e) The Special Meeting of the Medical Advisory Committee shall be conducted in accordance with the procedures set out in Section 4;
- f) The member may request and the Medical Advisory Committee may grant the postponement of the Special Meeting of the Medical Advisory Committee to a fixed date;
- g) Service of notice of the Special Meeting to the Member may be made personally or by registered mail addressed to the person to be served at their last known address and where notice is served by registered mail it shall be deemed to have been served on the third day after mailing unless the Member 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.
- h) Notice delivered under Section 3 (g) shall state:
 - i) that written reasons for the suspension shall be delivered to the member if a written request is received by the Board and the Medical Advisory Committee within seven days of the notice of suspension; and
 - ii) that the member is entitled to a Hearing before the Hospital's Board if a written request is received by the Board and the Medical Advisory Committee within seven (7) days from the receipt by the member of the Medical Advisory Committee's written reasons for suspension where requested.
- i) Where the member does not request written reasons for the suspension or where the member does not require a Hearing by the Board, the Board may implement the recommendation of the Medical Advisory Committee.

4. Special Meetings With Respect to Privileges of the Medical Advisory Committee (“Special Meeting”)

- a) The purpose of a Special Meeting of the Medical Advisory Committee is to consider a recommendation to the Board:
 - i) that privileges of a Professional Staff member not be granted on an application for reappointment; or
 - ii) that existing privileges of a Professional Staff member be revoked or restricted.

- b) The Medical Advisory Committee shall give the member written notice of the Special Meeting at least 14 days before the meeting, except in the case of suspension, such notice to include:
 - i) the time and place of the meeting;
 - ii) the purpose of the meeting;
 - iii) a statement that:
 - 1) the member is entitled to attend the Medical Advisory Committee meeting and to participate fully in all matters under consideration by the Medical Advisory Committee;
 - 2) the member shall be delivered a statement of the matter to be considered by the Medical Advisory Committee together with all relevant documentation;
 - 3) the parties are entitled to bring legal counsel to the meeting and consult with legal counsel but that legal counsel shall not be entitled to participate in the meeting save and except in respect of making representation on behalf of the party;
 - 4) in the absence of the member, the meeting may proceed;
 - 5) the particulars of the matter to be considered by the Medical Advisory Committee, including any proposed recommendation, together with all documentation and records collected by the Medical Advisory Committee or Credentials Committee pursuant to the performance of their duties.

- c) Minutes shall be kept of the Special Meeting.

- d) The member shall be given a full opportunity to answer each issue as well as to present documents and witnesses.
- e) Before deliberating, the Chair of the Medical Advisory Committee shall require the member involved and his counsel and any other members present who are not Medical Advisory Committee members to retire for the duration of the discussion. The Medical Advisory Committee shall not consider any matter, fact or documentation to which it did not give the member an opportunity to respond.
- f) No member of the Medical Advisory Committee shall participate in a decision of the Medical Advisory Committee at a Special Meeting of the Medical Advisory Committee unless such member was present throughout the Special Meeting, except with the consent of the parties and no decision of the Medical Advisory Committee shall be given unless all members so present participate in the decision.

5. Board Hearings

- a) The purpose of a Board Hearing is to make a decision on privileges when there is a recommendation from the Medical Advisory Committee
 - i) that privileges of a Professional Staff member not be granted on an application for appointment or reappointment, or
 - ii) that existing privileges of a Professional Staff member be revoked or restricted.
- b) The Board shall name a place and time for the Hearing.
- c) The Board Hearing shall be held:
 - i) within thirty (30) days; or
 - ii) within seven (7) days for a hearing for mid-term suspension in an emergency situation;

of the Board receiving the written recommendation and reasons for such recommendation from the Medical Advisory Committee. The parties can agree to such other time for the Hearing.
- d) The Board shall give written notice of the Hearing to the applicant or member and to the Chair of the Medical Advisory Committee at least seven (7) days before the Hearing date.
- e) The notice of the Board Hearing shall include:

- i) The place and time of the Hearing;
- ii) The purpose of the Hearing;
- iii) A statement that:
 - 1) the applicant or member shall be afforded an opportunity to examine prior to the Hearing all written or other documentary evidence to be ruled upon at the Hearing and all reports which have been collected as part of the Credentials Committee and Medical Advisory Committee processes;
 - 2) the applicant or member may be represented by counsel or agent, call witnesses, cross-examine witnesses and tender documents in evidence and present arguments and submissions in support of their case;
 - 3) the time for the Hearing may be adjourned by the Board at the applicant's or member's request; and
 - 4) if the applicant or member does not attend the Hearing, the Board may proceed in the absence of the applicant or member and the applicant or member shall not be entitled to any further notice in respect of the Hearing.
- f) The parties to the Board Hearing are the applicant or member, the Medical Advisory Committee and such other persons as the Board may specify.
- g) As soon as possible, and at least five (5) business days prior to the Hearing, the parties shall provide one another with copies of:
 - i) All written documentary material along with the names, addresses and qualifications of all witnesses, who shall testify at the Hearing; and
 - ii) a detailed summary of the evidence each witness shall give, and all reports that have been collected by the Credentials Committee or Medical Advisory Committee as part of the investigation process whether or not the reports or material shall be tendered in evidence.
- h) The intent is that there shall be full disclosure as between the parties to the Board Hearing.
- i) A finding of fact of the Board pursuant to a Hearing shall be based exclusively on evidence admissible or a matter that may be noted under the Statutory Powers of Procedure Act.

- j) A party at a Hearing may:
 - i) be represented by counsel or an agent;
 - ii) call and examine witnesses and present arguments and submissions; and
 - iii) conduct cross-examination of witnesses.
- k) In considering the reasons for the recommendations of MAC, the Board shall consider only the documentary evidence which the applicant or member has had an opportunity to examine prior to the Hearing as provided for in 5 (e) (iii) (i) of this schedule. Where through error or inadvertence, reasons have been omitted in the statement delivered to the member, the Board may consider those reasons only if the reasons are given by the Medical Advisory Committee in writing to both the member and the Board and the member is given a reasonable time to review the reasons and to prepare a case to meet the additional reasons.
- l) No member of the Board shall participate in a decision of the Board pursuant to a Hearing unless they are present throughout the Hearing and heard the evidence and argument of the parties and unless the parties consent, no decision of the Board shall be given unless all members so present participate in the decision.
- m) The Board shall make a decision.
- n) A written copy of the decision and reasons of the Board shall be provided to the applicant or member and to the Medical Advisory Committee within fifteen (15) days of the conclusion of the Hearing.
- o) Service on the applicant or member shall be pursuant to Section 1 (e) of this Schedule 1.

June 2007, Revised June 2009

ⁱ *Public Hospitals Act*, R.S.O. 1990, c. P. 40, s. 38.

ⁱⁱ *Public Hospitals Act*, R.S.O. 1990, c. P. 40, s. 39(1).