

**WEST PARK HEALTHCARE CENTRE
BY-LAW NUMBER 2A**

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**A By-law relating to the Medical Staff, Dental Staff and Extended Class Nursing Staff of
West Park Healthcare Centre (the “Centre”)**

Be it enacted as the Professional Staff By-law of the Centre

PREAMBLE

The purpose of this By-law is to provide for the regulation of certain professional staff of the Centre and its interaction with the board and management of the Centre as each responds to the communities served by the Centre in accordance with the mission, vision and values of the Centre which are as follows:

MISSION

We enhance lives, inspire hope and encourage independence through caring relationships, leading practices, specialized services and partnership.

VISION

Exemplary care inspired by innovation and exceptional performance.

CORE VALUES

- Excellence
- Respect
- Trust
- Collaboration
- Accountability

The Board of the Centre deems that By-law Number 2 enacted by the board on June 21, 2007 and confirmed by the members on June 21, 2007 be cancelled and revoked and that this By-law Number 2A be adopted in its stead.

Now therefore be it enacted as By-law Number 2A of the Centre as follows:

PART I - DEFINITIONS AND PURPOSE OF THIS BY-LAW

1.1 DEFINITIONS

“**Appointment Year**” is April 1 to March 31;

“**Board**” means the board of directors of the Centre as from time to time constituted;

“**By-laws**” means this By-law and all other By-laws of the Centre from time to time in force and effect;

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“**Centre**” means West Park Healthcare Centre incorporated as a corporation without share capital under the laws of the Province of Ontario by Letters Patent dated December 23, 1971 under the name Toronto Hospital, Weston, as amended by Supplementary Letters Patent dated November 25, 1976 which, among other things changed the name of the Centre to West Park Hospital, as further amended by Supplementary Letters Patent dated July 27, 2000 which, among other things, amended the name of the Centre to West Park Healthcare Centre;

“**Centre Staff**” means employees of the Centre;

“**Certification**” means the holding of a certificate in a dental, nursing, medical, or surgical specialty, issued by any professional body recognised by the Board after consultation with the Medical Advisory Committee;

“**Chair**” means the chair of the Board;

“**chair**” means a person who chairs a meeting or committee and may include but shall not be limited to the Chair or the Chair, Medical Advisory Committee as the context may require;

“**Chief Executive Officer**” means that person appointed by the Board to be the senior employee of the Centre who has the direct and actual superintendence of the Centre;

“**Chief Nursing Executive**”:

- (i) means the senior Nurse employed by the Centre who reports directly to the Chief Executive Officer and who has been accorded the title of Chief Nursing Executive by the Chief Executive Officer; or
- (ii) if no Nurse has been accorded such title and the Chief Executive Officer is a Nurse, means the Chief Executive Officer;

“**Chief Nurse and Health Professions Officer**” means the person appointed by the Chief Executive Officer who has the responsibilities set out in Article 7.4;

“**Chief of Staff/Chair, Medical Advisory Committee**” means that Physician appointed by the Board to be the senior Physician of the Centre;

“**Clinical Record**” means the medical record as defined in the Hospital Management Regulation;

“**Credentials Committee**” means the Medical and Diagnostic Quality and Utilization Committee, established by the Medical Advisory Committee to review

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applications for appointment and reappointment to Professional Staff and to make recommendations thereon to the Medical Advisory Committee;

“**Dental Staff**” means those Dentists appointed by the Board and who are granted Privileges to practise dentistry at the Centre;

“**Dentist**” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;

“**Director**” means a member of the Board;

“**Executive Committee of the Medical Advisory Committee**” means the Executive Committee of the Medical Advisory Committee with the membership and responsibilities as set forth in Article 6.2(5);

“**Extended Class Nursing Staff**” means those Registered Nurses in the Extended Class who are:

- (i) employed by the Centre and are authorized to diagnose, prescribe for or treat patients of the Centre; and
- (ii) not employed by the Centre and to whom the Board has granted privileges to diagnose, prescribe for or treat patients of the Centre;

“**Health Professions Appeal and Review Board**” means the appeal board defined in the Public Hospitals Act;

“**Health Professionals**” means those members of Regulated Health Professions and members of the unregulated health professions as designated in the latter case by the Chief Executive Officer from time to time and who are employees of or who render services at the Centre but excludes Physicians, Dentists and Extended Class Nursing Staff who have Privileges;

“**Hospital Management Regulation**” means Regulation 965 under the Public Hospitals Act, which governs the management of public hospitals in Ontario and any regulation that may be substituted therefor, as from time to time amended;

“**Impact Analysis**” means a study to determine the impact upon the resources of the Centre of the proposed appointment of an applicant for appointment to the Professional Staff or an application by a member of the Professional Staff for reappointment or for additional Privileges;

“**including**” means “**including without limitation**” and the term “**including**” shall not be construed to limit any general statement which it follows to the specific or similar items or matters immediately following it;

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“**Medical Advisory Committee**” means the Medical Advisory Committee of the Centre, established by the Board as required by the Public Hospitals Act with the membership, duties and responsibilities as set forth in Article 6.2;

“**Medical Staff**” means those Physicians who are appointed by the Board and who are granted Privileges to practise medicine at the Centre;

“**Nurse**” means a holder of a current certificate of competence issued in Ontario as a registered nurse;

“**Patient**” means, unless otherwise specified or the context otherwise requires, any in-patient or out-patient of the Centre;

“**Physician**” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;

“**Policies**” means the administrative, human resources, clinical and professional policies and procedures of the Centre;

“**Privileges**” means the right to admit in-patients, register out-patients and/or provide clinical services, which the Board has granted to a member of the Professional Staff who is not an employee of the Centre;

“**Professional Staff**” means the Medical Staff, Dental Staff, and members of the Extended Class Nursing Staff who are not employees of the Centre;

“**Professional Staff Association**” means that organization constituted to represent all the Professional Staff;

“**Professional Staff Association Year**” means the period of time commencing on the day following an Annual Meeting of the Professional Staff Association and ending on the day of the next Annual Meeting of the Professional Staff Association;

“**Professional Staff Human Resources Plan**” means the Centre’s plan from time to time which provides information and future projections with respect to the management and appointment of the Professional Staff based on the mission and strategic plan of the Centre;

“**Program**” means a Transdisciplinary system within the Centre for delivery of care to Patients with a common clinical condition or need;

“**Public Hospitals Act**” means the *Public Hospitals Act* (Ontario) and where the context requires, includes the Regulations made thereunder;

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“**Registered Nurse in the Extended Class**” means a Nurse who holds an extended certificate of registration under the *Nursing Act*, 1991 (Ontario);

“**Regulated Health Profession**” means a health profession as defined in the *Regulated Health Professions Act* (Ontario);

“**Rules**” means the rules applicable to the Medical Staff, Dental Staff and Extended Class Nursing Staff which shall apply to the Medical Staff, Dental Staff and Extended Class Nursing Staff, as recommended from time to time by the Medical Advisory Committee and approved by the Board, as the same may be amended from time to time;

“**Service**” means a care delivery system within a Program for a sub-group of Patients with specific shared care needs;

“**Supervisor**” means a Physician, Dentist or Registered Nurse in the Extended Class who is assigned the responsibility to oversee the work of another Physician, Dentist or Registered Nurse in the Extended Class; and

“**Transdisciplinary**” means a model of care which requires the seamless transfer of information and skills across traditional discipline boundaries and expects each Patient to play an active role in developing and implementing a comprehensive, multifaceted and individualized care plan;

1.2 INTERPRETATION

In this By-law and in all other By-laws of the Centre, unless the context provides otherwise, 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.

1.3 PURPOSE OF BY-LAW

The members of the Professional Staff have the delegated responsibility for ensuring quality care for the Centre’s Patients. The specific roles and responsibilities of the Professional Staff and the means by which the Professional Staff is organized are contained in this By-law.

1.4 WORDS AND PHRASES DEFINED IN STATUTES

Words and phrases commencing with initial capital letters used in this By-law and defined in the *Corporations Act* or the *Public Hospitals Act* and not defined in this By-law shall, unless otherwise defined herein, or the context otherwise requires, have the meanings ascribed thereto in such Acts.

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1.5 ***NUMBER AND GENDER***

In this By-law, words importing the singular number only shall include the plural and vice versa; words importing the masculine gender shall include the feminine and neuter genders; words importing persons shall include bodies corporate, corporations, partnerships, trusts and any number of persons.

1.6 ***INTERPRETATION NOT AFFECTED BY HEADINGS***

The insertion of headings and a table of contents in this By-law are for convenience only and shall not affect the interpretation thereof.

1.7 ***STATUTES ETC.***

Any references herein to any law, statute, by-law, rule, regulation, order or act of any government, governmental body or other regulatory body shall be construed as a reference thereto (and in the case of a statute, to any regulation issued thereunder), as amended or re-enacted from time to time or as a reference to any successor thereto.

1.8 ***ARTICLES ETC.***

Any reference to a “Part” or “Article” is to the applicable part or article hereof.

PART II - PROFESSIONAL STAFF ORGANIZATION

2.1 ***PROGRAMS AND SERVICES***

- (a) When warranted by the professional resources of the Professional Staff and subject to the availability of Centre resources, the Board, on the advice of the Medical Advisory Committee, may assign members of the Professional Staff among the established Programs and Services.
- (b) Professional Staff assigned to a Program or Service shall function in accordance with the Rules.
- (c) Whenever a separate Program is established, the Professional Staff aligned with such a Program, shall come under the jurisdiction of that Program.
- (d) The Board, after considering the advice of the Medical Advisory Committee and other parties, at any time, may establish or disband a Program or Service.

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2.2 APPOINTMENT AND REAPPOINTMENT TO THE PROFESSIONAL STAFF

- (a) The Board upon the recommendation of the Medical Advisory Committee shall annually appoint the Professional Staff and shall grant such Privileges as it deems appropriate for each member of the Professional Staff so appointed.

2.3 APPLICATION FOR APPOINTMENT AND REAPPOINTMENT TO THE PROFESSIONAL STAFF

- (a) All applications for appointment or reappointment to the Professional Staff shall be processed in accordance with the provisions of this By-law and the Public Hospitals Act.
- (b) The Board may, at any time, make, revoke or suspend any appointment to the Professional Staff or restrict the Privileges of any member of the Professional Staff in accordance with the provisions of this By-law and the Public Hospitals Act.
- (c) All applicants to the Professional Staff must indicate any mental, physical, neurological or behavioural impairment that may or will affect his or her skill, attitude, judgement or practice.
- (d) All applicants, including those seeking appointment or reappointment to the Professional Staff, shall submit one (1) original written application to the Chief Executive Officer. Each application shall contain, among other things, the following information regarding the applicant:
 - (i) a statement by the applicant that he or she has read the Public Hospitals Act, the Hospital Management Regulation, the By-laws and the Rules;
 - (ii) an undertaking that if appointed to the Professional Staff, the applicant will govern himself or herself in accordance with the requirements set out in the By-laws, the Rules, Policies, the Public Hospitals Act, the Hospital Management Regulation, and any applicable professional code of ethics;
 - (iii) evidence of licensure and a Certificate of Registration in good standing from the College of Physicians and Surgeons of Ontario, or evidence of licensure and a letter of good standing from the Royal College of Dental Surgeons of Ontario, or evidence of a valid Annual Registration Payment Card as a Registered Nurse in

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- the Extended Class from the College of Nurses of Ontario, as applicable;
- (iv) evidence of professional practice liability coverage appropriate to the scope and nature of the intended practice;
 - (v) a statement of the category of appointment requested;
 - (vi) a detailed list of the Privileges that are requested;
 - (vii) an up-to-date curriculum vitae;
 - (viii) information of any previous disciplinary proceeding where there was an adverse finding;
 - (ix) information concerning the revocation or withdrawal of, or refusal to renew, privileges to practice in a hospital in Ontario or any other jurisdiction as a result of findings of professional misconduct or incompetence;
 - (x) information pertaining to the resignation of hospital privileges in Ontario or any other jurisdiction as a result of findings of professional misconduct or incompetence;
 - (xi) information concerning any malpractice or civil suit that resulted in a finding of negligence or battery against him/her or in which a payment was made by way of settlement;
 - (xii) information concerning any criminal convictions against him/her for which no pardon has been granted; and
 - (xiii) agreement to maintain membership in the Professional Staff Association.
- (e) On request, the Chief Executive Officer (or his or her delegate) shall supply or caused to be supplied a copy of or information on the Mission, Vision, Values and strategic plan of the Centre, the By-laws, the Rules, appropriate Policies, the Public Hospitals Act and the Hospital Management Regulation to each Physician, Dentist, or Registered Nurse in the Extended Class who expresses in writing the intention to apply for appointment to the Professional Staff (provided that each such professional agrees to return such documents).
- (f) In addition to the information required by Article 2.3(d) an application for appointment to the Professional Staff shall also include:

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- (A) three (3) written references from individuals who supervised the applicant or to whom the applicant reported, reporting on the experience, competence and reputation of the applicant. Written references are also required:
- i. from the applicant's residency training program director if residency was completed five (5) or less years prior to the date of such application (where the application is being made by a Physician);
 - ii. from the applicant's school of dentistry training program director if training was completed five (5) or less years prior to the date of such application (where the application is being made by a Dentist);
 - iii. from the applicant's educational program director if education was completed (5) or less years prior to the date of such application (where the application is being made by a Registered Nurse in the Extended Class); and
 - iv. the department(s) heads or nearest equivalents over a five (5) year period prior to the date of such application, if applicable.
- (B) signed consents to enable the Centre to make inquiries of the applicable regulatory college and hospitals, institutions and facilities where the applicant has previously provided professional services or received professional training to allow the Centre to fully investigate the qualifications and suitability of the applicant;
- (C) without limiting the application of (B), signed consent authorizing the applicable regulatory college to provide a certificate of professional conduct to the Centre relating to the applicant, setting out, among other things:
- i. whether any action has been taken by its disciplinary or fitness to practise committee; and
 - ii. whether his or her privileges have been curtailed or cancelled by any medical licensing authority or by another hospital because of incompetence, negligence, incapacity or any act of professional misconduct.

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- (g) Each applicant applying for appointment shall have an interview with appropriate members of the Professional Staff, the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate), and Chief Executive Officer (or his or her delegate) in person or by phone at the discretion of the Chief Executive Officer (or his or her delegate).
- (h) Where an applicant is applying for appointment, the Centre may make inquiries of hospitals or universities with which the applicant has trained or held an appointment and reserves the right to contact other persons or organizations at the discretion of the Chief Executive Officer (or his or her delegate).
- (i) An Impact Analysis may be completed by the Centre to determine the Centre's need for, and the ability of the Centre to accommodate an applicant for appointment to the Professional Staff. The result of the Impact Analysis may be considered by the Credentials Committee as part of its recommendation process. Such an Impact Analysis may also be completed where a member of the Professional Staff has applied for a change of Privileges.
- (j) No applicant for appointment to the Professional Staff may assume any administrative, clinical, research, or teaching activities without first having been granted Privileges.
- (k) Professional Staff may only practise in the area in which they are educated and have the requisite training and experience.
- (l) The Chief Executive Officer shall retain a copy of the application for appointment or reappointment and shall immediately refer the original application together with the certificates, results of the interview, inquiries and analysis described in Articles 2.3(c), (d), (f), (g), (h) and (i) (as applicable) to the Medical Advisory Committee through its Chair (or his or her delegate) who shall keep a record of each application received and then refer the original application forthwith to the chair of the Credentials Committee. The Credentials Committee shall review the application together with the certificates, results of the interview, inquiries and analysis described in Articles 2.3(c), (d), (f), (g), (h) and (i) (as applicable) in a timely manner and make a recommendation to the Medical Advisory Committee having regard to the criteria set out in Article 2.4, the Centre's resources and the need as reflected in the then current Professional Staff Human Resources Plan. The Medical Advisory Committee shall give written notice to the Board and the applicant of its recommendation, all in accordance with the Public Hospitals Act and this By-law.

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2.4

CRITERIA FOR APPOINTMENT TO THE PROFESSIONAL STAFF

- (a) Only applicants who meet the qualifications and satisfy the criteria set out in this By-law are eligible to be a member of, and be appointed and reappointed to, the Professional Staff.
- (b) An applicant for appointment or reappointment to the Professional Staff must meet the following qualifications:
 - (i) have adequate training and experience for the Privileges requested;
 - (ii) have a demonstrated ability to provide patient care, research, teaching, or consultation services at an appropriate level of quality and efficiency;
 - (iii) have a demonstrated ability to communicate, work with and relate to others in a cooperative, collegial and professional manner;
 - (iv) have a demonstrated ability to communicate with and relate appropriately to patients and patients' relatives and/or substitute decision makers;
 - (v) demonstrate a commitment to participate in the discharge of staff, committee, and if applicable, teaching and research obligations, and other duties appropriate to the staff category;
 - (vi) demonstrate an ability and willingness to provide medical care in a team-based, patient-centred, Transdisciplinary environment;
 - (vii) meet an appropriate standard of ethical conduct and behaviour;
 - (viii) maintain an appropriate level of continuing professional education as required by the applicable regulatory college;
 - (ix) govern himself or herself in accordance with the requirements set out in this By-law, the Centre's mission, vision and values, Rules and Policies;
 - (x) have up-to-date inoculations, screenings and tests as may be required by the occupational health and safety policies and practices of the Centre, the Public Hospitals Act or other legislation; and
 - (xi) demonstrate adequate control of any significant physical or behavioural impairment affecting skill, attitude or judgement that

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might impact negatively on patient care or the operations of the Centre.

- (c) At the discretion of the Board, the number and nature of appointments of the applicant to other hospitals will be considered.

2.5 TERM OF APPOINTMENT TO THE PROFESSIONAL STAFF

Each appointment and reappointment to the Professional Staff shall be for a period of up to one (1) year, subject to Article 2.3(b) and the following:

- (a) appointments and reappointment periods shall typically commence on April 1 of each year;
- (b) subject to the provisions of Article 2.5(a), (d) and (e), all appointments and reappointments to the Professional Staff will expire on March 31 of each year; where a person is appointed to the Professional Staff mid-year (i.e. their appointment did not commence on April 1), their appointment will expire on the first March 31 to occur from the date of appointment;
- (c) Professional Staff members must seek reappointment to the Professional Staff for each Appointment Year through the process set out at Articles 2.6 and 2.7; where a member of the Professional Staff has been granted reappointment by the Board, the reappointment shall commence on April 1 of that year. Where reappointment is not granted by the Board, the existing appointment shall be deemed to continue for the period set out at Article 2.8(b);
- (d) where a member of the Professional Staff has entered into an alternate payment plan agreement with the Centre for a period of less than one (1) year, the term of appointment will be governed by the alternate payment plan agreement and will expire concurrently upon the termination of such agreement; and
- (e) The term of appointment for Honorary Staff will be governed by Article 3.5.

2.6 REAPPOINTMENT TO THE PROFESSIONAL STAFF

- (a) Each Appointment Year, on or before the date specified by the Medical Advisory Committee for such year, each member of the Professional Staff shall be required to make written application for reappointment to the Professional Staff on the prescribed reappointment form to the Chief Executive Officer, and to provide such other information as the Board may

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require respecting competence, capacity, and conduct, having given consideration to the recommendation of the Medical Advisory Committee.

- (b) Each Appointment Year each member of the Active Staff shall be required to undergo a performance review conducted by the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate). Performance reviews of other members of the Professional Staff shall be conducted at the discretion of the Chief of Staff/Chair, Medical Advisory Committee.
- (c) The annual performance review shall include a discussion regarding changes in type or level of service for the new upcoming Appointment Year, if any, and the reasons therefor, as well as a discussion regarding retirement plans and a review of health concerns which may affect such member's ability to discharge his or her responsibilities, as applicable.
- (d) The applicant shall provide information regarding any restriction in Privileges or suspensions imposed on him or her during the past year.
- (e) The application for reappointment to the Professional Staff shall be processed in the manner set out at Article 2.3(1).

2.7 CRITERIA FOR REAPPOINTMENT TO THE PROFESSIONAL STAFF

The criteria for reappointment to the Professional Staff shall be as follows:

- (a) the applicant must continue to meet the criteria set forth in Article 2.4;
- (b) the applicant must provide confirmation in their application for reappointment that they have complied with the disclosure duties set out at Article 4.1(b)(viii);
- (c) the applicant must provide evidence of participating in a recognized maintenance of Certification or other continuing education program, if applicable, and of meeting the standards/requirements as set out by the appropriate regulatory college;
- (d) the applicant must provide evidence of participation in continuing education activities related to his or her area of practice at the Centre;
- (e) in the opinion of the Board, the applicant demonstrates appropriate use of Centre resources in accordance with the Professional Staff Human Resources Plan and the Rules;
- (f) there is a continued need for the applicant's services under the Professional Staff Human Resources Plan, and an Impact Analysis, if

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completed, shall demonstrate that there are sufficient resources to accommodate the applicant; and

- (g) the applicant shall have conducted him or herself in compliance with this By-law, the Centre's values, Rules and Policies.

2.8

REFUSAL TO REAPPOINT TO PROFESSIONAL STAFF

- (a) Pursuant to the Public Hospitals Act, the Board may refuse to reappoint a member of the Professional Staff.
- (b) When a member has applied under Article 2.6 for reappointment, his or her then current appointment shall be deemed to continue:
 - (i) until the reappointment is granted; or
 - (ii) 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 Health Professions Appeal and Review Board has expired and, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

2.9

REVOCAION OR SUSPENSION OF APPOINTMENT TO THE PROFESSIONAL STAFF

- (a) The Board may, at any time, in a manner consistent with the Public Hospitals Act, the Hospital Management Regulation, and this By-law, revoke, alter, suspend or restrict or otherwise deal with the Privileges of a member of the Professional Staff.
- (b) 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.
- (c) 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 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.

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- (d) Subject to the Public Hospitals Act and the Hospital Management Regulation, the procedure for any revocation, alteration or suspension under Article 2.9(a) shall be as described in the Rules.

2.10 APPLICATION FOR CHANGE OF PRIVILEGES

- (a) Where a member of the Professional Staff wishes to apply to change his or her Privileges, an application shall be submitted to the Chief Executive Officer listing the change of Privileges requested and evidence that the Professional Staff member has the appropriate training, skill and experience required to fulfil the Privileges requested.
- (b) The application shall be processed in accordance with the provisions of the Public Hospitals Act and this By-law.
- (c) An applicant shall submit the original written application to the Chief Executive Officer.
- (d) The Chief Executive Officer shall retain a copy of the application made pursuant to Article 2.10(a), and immediately refer the original application to the Medical Advisory Committee who shall keep a record of each application received and then refer the original application forthwith to the chair of the Credentials Committee. The application shall be processed in accordance with and subject to this By-law and the Public Hospitals Act.

2.11 LEAVE OF ABSENCE

- (a) Upon request of a member of the Professional Staff, a leave of absence of up to twelve (12) months may be granted by the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate), after receiving the recommendation of the Medical Advisory Committee,
 - (i) in the event of an extended illness or disability of the member, or
 - (ii) in other circumstances acceptable to the Board, upon recommendation of the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate).
- (b) It is the responsibility of the Professional Staff member taking leave of absence, in consultation with the Chief of Staff/Chair, Medical Advisory Committee to arrange for coverage of his/her Patients and other required duties by another appropriate member of the Professional Staff.

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- (c) In the event that the member of the Professional Staff taking leave of absence is unable to provide appropriate coverage by a member of the Professional Staff, the Chief of Staff/Chair, Medical Advisory Committee shall have authority to assign Patients and required duties as is most appropriate.
- (d) After returning from a leave of absence granted in accordance with Article 2.11(a), the member of the Professional Staff may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate) and the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate) may impose such conditions on the Privileges granted to such member as appropriate.
- (e) Following a leave of absence of longer than one (1) year, a member of the Professional Staff shall be required to make a new application for appointment to the Professional Staff in the manner and subject to the criteria set out in this By-law.

PART III - CATEGORIES OF APPOINTMENT TO THE PROFESSIONAL STAFF

3.1 PROFESSIONAL STAFF CATEGORIES

- (a) The Medical Staff and Dental Staff shall be designated within one of the following categories by the decision of the Board as recommended by the Medical Advisory Committee:
 - (i) Active;
 - (ii) Associate;
 - (iii) Courtesy;
 - (iv) Honorary;
 - (v) Locum Tenens;
 - (vi) Medical Trainees (Medical Students; Residents; Fellows; Observers);
 - (vii) Research, Scientific and Educational Affiliates; and
 - (viii) Temporary.
- (b) The non-employee members of the Extended Class Nursing Staff will be appointed to one of the Professional Staff categories listed below at

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Articles 3.2, 3.3, 3.4, 3.5, or 3.6. Where a distinction is made in Articles 3.2, 3.3, 3.4, 3.5, or 3.6 between Physicians and Dentists, non-employee members of the Extended Class Nursing Staff will be treated in the same manner as Dentists.

3.2 ***ACTIVE STAFF***

- (a) The Active Staff shall consist of those Physicians and Dentists appointed to the Active Staff by the Board and who have completed satisfactory service as Associate Staff of at least one (1) year, or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
- (b) Except where approved by the Board, no Physician or Dentist with an active medical or dental staff appointment at another hospital shall be appointed to the Active Staff of the Centre.
- (c) Each member of the Active Staff shall:
 - (i) be responsible for providing care, within their scope of practice, to all Patients within their assigned Programs and Services;
 - (ii) be actively involved in the life of the Centre;
 - (iii) have admitting Privileges unless otherwise specified in his or her appointment;
 - (iv) attend Patients, and undertake treatment and operative procedures only in accordance with the type and degree of Privileges granted by the Board;
 - (v) be responsible to the Chief of Staff/Chair, Medical Advisory Committee for all aspects of Patient care related to those Programs and Services to which he or she has been assigned;
 - (vi) act as a Supervisor to a designated member of the Medical Staff, Dental Staff, or Extended Class Nursing Staff as and when requested by the Chief of Staff/Chair, Medical Advisory Committee;
 - (vii) fulfil such on-call requirements as may be established by the Chief of Staff/Chair, Medical Advisory Committee in accordance with the Rules, the Professional Staff Human Resource Plan, and on-call assignments as established and amended from time to time;

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- (viii) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff/Chair, Medical Advisory Committee;
- (ix) if the member is a Physician, be entitled to attend and vote at meetings of the Professional Staff Association and be eligible to be an elected or appointed officer of the Professional Staff Association; and
- (x) if the member is a Dentist, be entitled to attend meetings of the Professional Staff Association but shall not have a vote or be eligible hold an elected or appointed office of the Professional Staff Association.

3.3 ***ASSOCIATE STAFF***

- (a) Physicians and Dentists who are first 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.
- (b) Each member of the Associate Staff shall:
 - (i) have admitting Privileges unless otherwise specified in their appointment;
 - (ii) work under the supervision of an Active Staff member named by the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate) to whom he or she has been assigned;
 - (iii) attend Patients, and undertake such duties as may be specified by the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate);
 - (iv) fulfil such on-call requirements as may be established by the Chief of Staff/Chair, Medical Advisory Committee and in accordance with the Rules, Professional Staff Human Resources Plan, and on-call assignments as established and amended from time to time;
 - (v) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff/Chair, Medical Advisory Committee;
 - (vi) if a Physician, be entitled to attend and vote at meetings of the Professional Staff Association but shall not be eligible to be an

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elected or appointed officer of the Professional Staff Association;
and

(vii) if a Dentist, be entitled to attend meetings of the Professional Staff Association but shall not have a vote or be eligible hold an elected or appointed office of the Professional Staff Association.

(c) 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 complete a performance evaluation and shall make a written report to the Chief of Staff/Chair, Medical Advisory Committee concerning:

(i) the knowledge and skill that has been shown by the Associate Staff member;

(ii) the nature and quality of his or her work in the Centre; and

(iii) his or her performance and compliance with the criteria set out in Article 2.4(b).

The Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate) shall forward the report to the Credentials Committee.

(d) Upon receipt of the report referred to in Article 3.3(c) the appointment of the Associate Staff member shall be reviewed by the Credentials Committee, which shall make recommendation to the Medical Advisory Committee.

(e) If any report made under Articles 3.3(c) or (d) are not favourable to the Associate Staff member, the Medical Advisory Committee may make a recommendation that a further period of supervision as an Associate Staff member be undertaken, provided that such period does not exceed the two (2) year limit for Associate Staff appointments as set out in Article 3.3(a) above. Alternatively, the Medical Advisory Committee may make a recommendation to the Board at any time following receipt of an unfavourable report that the appointment of an Associate Staff member of the Professional Staff be terminated or revoked or suspended as set out in Article 2.9.

(f) Where the Board agrees to reappoint a Physician or Dentist to the Associate Staff on the condition that he or she undergoes a further period of supervision, the Physician or Dentist may request a different supervisor for the further probationary period and upon receiving such request, the

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Chief of Staff/Chair, Medical Advisory Committee, may grant such request.

3.4 *COURTESY STAFF*

- (a) The Board may grant a Physician or Dentist an appointment to the Courtesy Staff in one or more of the following circumstances:
 - (i) the applicant meets a specific service need of the Centre; or
 - (ii) where the Board deems it otherwise advisable and in the best interests of the Centre.
- (b) Members of the Courtesy Staff shall:
 - (i) have such limited Privileges as may be granted by the Board on an individual basis;
 - (ii) attend Patients and undertake treatment and operative procedures only in accordance with the type and degree of Privileges granted by the Board;
 - (iii) be responsible to the Chief of Staff/Chair, Medical Advisory Committee for all aspects of Patient care related to those Programs and Services to which they have been assigned; and
 - (iv) be entitled to attend Professional Staff Association meetings but shall not have a vote and shall not be eligible to hold an elected or appointed office of the Professional Staff Association.

3.5 *HONORARY STAFF*

- (a) A Physician or Dentist may be honoured by the Board by being designated as a member of the Honorary Staff, for such terms as the Board deems appropriate, because he or she:
 - (i) is a former member of the Professional Staff who has retired from active practice; and/or
 - (ii) has contributed to the Centre and has an outstanding reputation or made an extraordinary accomplishment.
- (b) Each member of the Honorary Staff shall be appointed by the Board on the recommendation of the Medical Advisory Committee.
- (c) Members of the Honorary Staff:

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- (i) shall not have regularly assigned clinical, academic or administrative duties or responsibilities;
- (ii) shall not have Privileges or provide Patient care;
- (iii) shall not be subject to the application requirements for appointment as set out in Article 2.3;
- (iv) may attend, but shall not vote at Professional Staff Association meetings, and shall not be eligible to hold elected or appointed offices in the Professional Staff Association; and
- (v) shall not be bound by the attendance requirements of the Professional Staff Association.

3.6 ***LOCUM TENENS STAFF***

- (a) Locum Tenens Staff consist of Physicians or Dentists who have been appointed by the Board to the Locum Tenens Staff in order to meet specific clinical needs, for a defined period of time, in one or more of the following circumstances:
 - (i) as a planned replacement for a Physician or Dentist for a specified period of time; or
 - (ii) to provide episodic or limited surgical or consulting services.
- (b) The appointment of a Physician or Dentist as a member of the Locum Tenens Staff shall not to exceed one (1) year, subject to renewal for an additional period of one (1) year. The Board, having considered the recommendation of the Medical Advisory Committee may permit renewal beyond two (2) years in exceptional circumstances.
- (c) A Locum Tenens Staff shall:
 - (i) have admitting Privileges unless otherwise specified in his or her appointment;
 - (ii) work under the supervision of a member of the Active Staff who has been assigned this responsibility by the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate);
 - (iii) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of Privileges granted by the Board; and

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- (iv) have other duties as may be specified by the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate) from time to time.
- (d) Locum Tenens Staff shall not, subject to determination by the Board in each individual case, attend or vote at Professional Staff Association meetings or be elected to any office of the Professional Staff Association.

3.7 EXTENDED CLASS NURSING STAFF (NON-EMPLOYEES)

- (a) The Board, having given consideration to the advice of the Medical Advisory Committee, will delineate the Privileges for each member of the Extended Class Nursing Staff who is not an employee of the Centre.
- (b) Each new applicant for appointment to the Extended Class Nursing Staff shall:
 - (i) be appointed for an initial probationary period of six (6) months;
 - (ii) be the subject of a performance evaluation prior to completion of the six (6) month probationary period; the performance evaluation shall be completed by the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate), concerning the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of his or her work and his or her performance and compliance with the set criteria set out in Article 2.4(b).
- (c) The Credentials Committee shall review the report referred to in Article 3.7(b)(ii) and shall make a recommendation to the Medical Advisory Committee which shall in turn make a recommendation to the Board.
- (d) Each member of the Extended Class Nursing Staff shall be entitled to attend but not vote at Professional Staff Association meetings and shall not be eligible to hold an elected or appointed office in the Professional Staff.

3.8 MEDICAL TRAINEES

(1) General

- (a) The Centre may from time to time permit individuals enrolled in a medical training program from a recognized university program to be involved as Medical Trainees in Patient care and/or research under the supervision and

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direction of a member of the Active Staff, as directed by the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate).

- (b) All Medical Trainees shall be provided with an introduction to and an overview of the Centre, and shall abide by all applicable By-laws, Rules, Policies and procedures.
- (c) The Chief of Staff/Chair, Medical Advisory Committee shall be notified in writing of all Medical Trainees who attend at the Centre. Information shall include name, student number, medical school, and dates of attendance at the Centre.

(2) Fellows

In addition to the requirements as set out in Article 3.8(1), each Fellow shall:

- (i) be assigned to a specific Program or Service under the supervision of a member of the Active Staff to whom the Fellow shall be responsible;
- (ii) not have the right to admit Patients, but may attend Patients under the supervision of a member of the Active Staff;
- (iii) be appointed for a period not to exceed twelve (12) months; and
- (iv) be reappointed as a Fellow in exceptional circumstances, for a further period not to exceed twelve (12) months.

(3) Observers

In addition to the requirements as set out in Article 3.8(1), each Observer:

- (a) notwithstanding any other provision of this By-law, need not be enrolled in a Resident (or equivalent) medical training program nor be subject to the appointment provisions as set out in Articles 2.3 and 2.4;
- (b) shall direct his or her application for appointment as an Observer through the appropriate Centre preceptor; and
- (c) may talk to Patients under the direction of his or her Centre preceptor, but may not participate in any aspects of Patient care.

3.9 RESEARCH, SCIENTIFIC AND EDUCATIONAL AFFILIATES

- (a) Research, Scientific and Educational Affiliates:

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- (i) shall consist of Physician and non-physician established academics and recognized researchers, scientific experts or educators/learners who work closely with, or under the supervision of, members of the Active Staff;
 - (ii) shall, if a Physician, notwithstanding any other provision of this By-law, not be subject to the applicable appointment provisions as set out in Article 2.3; and
 - (iii) shall not have admitting or clinical Privileges.
- (b) Each applicant for Research, Scientific or Educational Affiliate positions shall be required to satisfy the following additional conditions:
- (i) the appointee must continue to have active research, scientific or educational activity with, or under one or more members of the Active Staff; and
 - (ii) the appointee must continue to maintain good standing in the research, scientific or educational communities both inside and outside of the Centre.

3.10 *TEMPORARY STAFF*

- (a) Notwithstanding any other provision of this By-law, a temporary appointment to the Professional Staff may be made for any one (1) of the following reasons:
- (i) to meet a specific singular requirement by providing a consultation and/or procedure;
 - (ii) to meet an urgent need for a medical, dental or extended class nursing service; or
 - (iii) to provide a series of consultations not otherwise available in the Centre.
- (b) Notwithstanding any other provision in this By-law, the Chief Executive Officer (or his or her delegate), after consultation with the Chief of Staff/Chair, Medical Advisory Committee, may grant a temporary appointment to a Physician, Dentist or Registered Nurse in the Extended Class who is not an employee of the Centre, provided that such appointment shall not extend beyond the date of the next meeting of the Medical Advisory Committee at which time the action taken shall be reported unless the appointment is continued by the Chief Executive

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Officer (or his or her delegate) on the recommendation of the Medical Advisory Committee, until the next meeting of the Board.

- (c) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue such a temporary appointment granted pursuant to Article 3.10(b) for such a period of time and on such terms as the Board determines.
- (d) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- (e) The temporary appointment shall specify the category of appointment and any limitations, restrictions or special requirements.
- (f) A temporary appointee may have Privileges, including the ability to admit in-patients, subject to Article 3.10(b).

PART IV - PROFESSIONAL STAFF OBLIGATIONS AND DUTIES

4.1 GENERAL RESPONSIBILITIES

- (a) Each member of the Professional Staff is accountable to, and shall recognize the authority of the Board through and with, the Chief Executive Officer and the Chief of Staff/Chair, Medical Advisory Committee.
- (b) Each member of the Professional Staff shall:
 - (i) attend and treat Patients within the limits of the Privileges granted by the Board, unless the Privileges are otherwise restricted or altered;
 - (ii) abide by the Rules, this By-law, the Public Hospitals Act, the Hospital Management Regulation and all other applicable legislated requirements;
 - (iii) notify the Board in writing, through the Chief Executive Officer, of any additional degrees or qualifications obtained and any change in his or her licence to practice;
 - (iv) participate in continuing education activities related to his or her area of practice;
 - (v) participate in a recognized maintenance of Certification or other continuing education program and meet the standards/requirements as defined by his or her regulatory college or certification body;

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- (vi) give such instruction as is required by the Centre for the education of other members of the Professional Staff and Centre Staff;
 - (vii) co-operate with and respect the authority of:
 - (A) Chief of Staff/Chair, Medical Advisory Committee;
 - (B) the Medical Advisory Committee;
 - (C) the head of the applicable Service and/or Program;
 - (D) the Chief Executive Officer; and
 - (viii) shall forthwith advise the Chief of Staff/Chair, Medical Advisory Committee of the commencement of any regulatory college disciplinary proceeding, proceedings to restrict or suspend privileges at other hospitals, or malpractice actions.
 - (ix) 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/Chair, Medical Advisory Committee.
- (c) Each member of the Active Staff and Associate Staff, shall attend:
- (i) no less than seventy-five percent (75%) of the regular meetings of the Professional Staff Association; and
 - (ii) no less than seventy-five percent (75%) of the meetings of the Medical Advisory Committee and/or its standing committees, of which he or she is a member.

4.2 MONITORING ABERRANT PRACTICES

- (a) Any aspect of Patient care or Professional Staff conduct being carried out in the Centre may be reviewed without the approval of the member of the Professional Staff responsible for such care by the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate).
- (b) Where any member of the Professional Staff or Centre Staff reasonably believes that a member of the Professional Staff is incompetent, attempting to exceed his or her Privileges or is incapable of providing a service that he or she is about to provide or is acting in a manner that exposes or is reasonably likely to expose any Patient, health care provider, employee or any other person at the Centre to harm or injury, the belief shall be communicated immediately to the Chief of Staff/Chair, Medical

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Advisory Committee (or his or her delegate) and to the Chief Executive Officer (or his or her delegate), so that appropriate action can be taken.

- (c) Where the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate) believes it to be in the best interest of one or more Patients, he or she shall have the authority to examine the condition and scrutinize the treatment of any Patient and to make recommendations to the attending Professional Staff member or any consulting Professional Staff member involved in such Patient's care and, if necessary, to the Medical Advisory Committee.
- (d) If the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate) becomes aware that, in his or her opinion, a serious problem exists in the diagnosis, care or treatment of a Patient, the officer shall forthwith discuss the condition, diagnosis, care and treatment with the Patient and with the attending member of the Professional Staff. However, if the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate) is unable to discuss the problem with the attending member of the Professional Staff, the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate) shall proceed with his or her duties set out at Article 4.3(a) and (b) as if he or she had had the discussion with the attending member of the Professional Staff.
- (e) Each and every member of the Professional Staff shall notify the Chief of Staff/Chair, Medical Advisory Committee and the Chief Executive Officer of any mental, physical, neurological, or behavioural impairment that may or will affect his or her skill, attitude, judgement or practice. The Chief of Staff/Chair, Medical Advisory Committee shall respond reasonably to protect the interests of all parties and shall access advice or assistance as may be required.

4.3 TRANSFER OF RESPONSIBILITY

- (a) Where changes to the diagnosis, care or treatment of a Patient satisfactory to the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate) are not made following the discussions referred to in Article 4.2(d), the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate) shall forthwith assume the duty of investigating, diagnosing for and treating the Patient.
- (b) Where the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate) assumes the care of a Patient as contemplated by Article 4.3(a), the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate) shall:

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- (i) inform two members of the Medical Advisory Committee within twenty-four (24) hours of such assumption;
- (ii) inform the Chief Executive Officer within twenty-four (24) hours of such assumption;
- (iii) inform the attending member of the Professional Staff within twenty-four (24) hours of such assumption;
- (iv) inform the Patient (or the Patient's substitute decision maker) within twenty-four (24) hours of such assumption; and
- (v) file a written report with the Medical Advisory Committee within forty-eight(48) hours of his or her action;

all in accordance with the Public Hospitals Act.

- (c) Where the Medical Advisory Committee concurs in the opinion of the Chief of Staff/Chair, Medical Advisory Committee who has taken action under Article 4.3(a) that the action was necessary, they shall forthwith make a detailed written report to the Chief Executive Officer and the Board of the problem and the action taken.
- (d) Where the Chief of Staff/Chair, Medical Advisory Committee has delegated responsibility under Article 4.3(a) or (b) to a member of the Professional Staff, the Chief of Staff/Chair, Medical Advisory Committee remains accountable to the Medical Advisory Committee for the management of the Patient by that member of the Professional Staff to whom any such responsibility is delegated.
- (e) Pursuant to the Hospital Management Regulation, whenever the responsibility for the care of a Patient is transferred to another member of the Professional Staff, a written, dated and signed notation shall be made on the Clinical Record of such Patient, by the transferring Professional Staff member (except where the transferring member of the Professional Staff is incapacitated by illness or other reason, or is otherwise unwilling), noting the duration of the transfer and the name of the member assuming responsibility for the care of such Patient. The receiving member of the Professional Staff shall be notified immediately. Where the transferring Professional Staff member is incapacitated by illness or other reason, or is otherwise unwilling to make the notation, such notation and notification shall be made by the Chief of Staff/Chair, Medical Advisory Committee (or his or her delegate).

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PART V - LEADERSHIP POSITIONS

5.1 PROFESSIONAL STAFF LEADERSHIP POSITIONS

(1) Positions

- (a) The following positions shall be appointed in accordance with this By-law:
 - (i) Chief of Staff/Chair, Medical Advisory Committee.
- (b) The following positions may be appointed in accordance with this By-law:
 - (i) Deputy Chief of Staff/Vice Chair, Medical Advisory Committee.

5.2 CHIEF OF STAFF/CHAIR, MEDICAL ADVISORY COMMITTEE

(1) Appointment

- (a) The Board shall appoint, in accordance with the procedures as determined by the Board from time to time, a Physician who is a member of the Active Staff to be Chief of Staff/Chair, Medical Advisory Committee for a term of five (5) years. Subject to approval of the Board, this appointment may be renewed to a maximum of one (1) additional five (5) year term.
- (b) Notwithstanding any other provision in this By-law, in the event that the term of office of the Chief of Staff/Chair, Medical Advisory Committee shall expire before a successor is appointed, the appointment of the incumbent may be extended.
- (c) An appointment to the position of Chief of Staff/Chair, Medical Advisory Committee may be made on an acting or interim basis where there is a vacancy or while the person holding the position of Chief of Staff/Chair, Medical Advisory Committee is absent or unable to act.
- (d) An appointment to the position of Chief of Staff/Chair, Medical Advisory Committee may be revoked at any time by the Board in accordance with the terms and conditions set out in any agreement pertaining to such appointment entered into between the Centre and the Chief of Staff/Chair, Medical Advisory Committee.

(2) Selection Committee

- (a) The Board shall appoint a selection committee to make recommendations to it regarding the appointment of the Chief of Staff/Chair, Medical Advisory Board; such committee shall be comprised of:

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- (i) a Director, who shall be chair;
- (ii) two (2) members of the Medical Advisory Committee, one of whom shall be the President of the Professional Staff Association;
- (iii) the Chief Nursing Executive;
- (iv) the Chief Executive Officer (or his or her delegate); and
- (v) such other members as the Board deems advisable.

(3) Duties

The Chief of Staff/Chair, Medical Advisory Committee shall:

- (i) carry out the duties as prescribed by the Public Hospitals Act and the Hospital Management Regulation;
- (ii) ensure that processes are in place to support and monitor the provision of quality care by all members of the Professional Staff given to Patients of the Centre are that such processes are in accordance contemporary standards of care and with Policies established by the Board;
- (iii) be an *ex-officio*, non-voting member of the Board;
- (iv) report regularly to the Board on the work and recommendations of the Medical Advisory Committee;
- (v) participate in the amendment from time to time of the Centre's mission, vision, values and strategic directions;
- (vi) promptly notify and provide advice to the Chief Executive Officer and the Vice President, Programs on Professional Staff issues in general, and particularly on matters pertaining to aberrant professional practices, physical or mental impairment which may affect a Physician's, Dentist's or Registered Nurse in the Extended Class' ability to practice, and on medical-legal matters;
- (vii) participate in the development of philosophies of care and in the planning of clinical services;
- (viii) provide input to the development of Centre Policies, procedures and practices;
- (ix) participate in resource allocation decisions at the Centre;

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- (x) lead the Medical Advisory Committee in the amendment from time to time of the Professional Staff Human Resources Plan in accordance with the Centre's strategic plan, and in consultation with the Professional Staff;
- (xi) ensure that applications for appointment or reappointment to the Professional Staff and applications for changes in Privileges are processed in accordance with the Public Hospitals Act, these By-laws and the Rules;
- (xii) take a coordinating, or lead role, as deemed appropriate by the Board, in the recruitment of Professional Staff;
- (xiii) ensure and participate in the orientation of new members of the Professional Staff;
- (xiv) support the continuing education of the Professional Staff including participating in educational activity planning;
- (xv) support the Centre's academic mission and promote Professional Staff involvement in developing and maintaining educational and research initiatives;
- (xvi) investigate all concerns pertaining to the actions of Professional Staff including alleged breaches of the By-laws, the Rules, standards of good practice, and Centre Policies and procedures, and delegate these responsibilities to another member of the Professional Staff as applicable, when he or she deems appropriate;
- (xvii) as required, assign to a member of the Professional Staff the responsibility:
 - (A) to supervise the practice of any other member of the Professional Staff as appropriate, for any period of time; and
 - (B) to make a written report on the performance of that member of the Professional Staff to the Chief of Staff/Chair, Medical Advisory Committee, and the Credentials Committee;
- (xviii) advise the Medical Advisory Committee and the Board with respect to the quality of medical diagnosis, the care and treatment provided to the Patients, and critical incidents, and delegate

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- responsibility for monitoring the quality of care within each Service to a specialist Physician associated with the Service;
- (xix) preside at all meetings of the Medical Advisory Committee and the Executive Committee of the Medical Advisory Committee and ensure that the responsibilities of the Medical Advisory Committee and its standing committees are discharged to the satisfaction of the Board;
 - (xx) be a voting member of the Medical Advisory Committee and except as otherwise provided in the terms of reference for any standing committee of the Medical Advisory Committee, be an *ex-officio* non-voting member of any such committee, including the Credentials Committee; however, the Chief of Staff/Chair, Medical Advisory Committee will not chair any standing committee;
 - (xxi) when appropriate, call special meetings of the Medical Advisory Committee;
 - (xxii) retain a copy of the minutes of the proceedings of the Medical Advisory Committee and its committees;
 - (xxiii) advise the Professional Staff of current Centre Policies, procedures, the strategic plan, and Rules;
 - (xxiv) report to the Medical Advisory Committee on activities of the Centre including the utilization of resources and quality improvement;
 - (xxv) hold meetings with members of the Professional Staff as needed;
 - (xxvi) be a voting member of, but not the chair of, the Professional Staff Association;
 - (xxvii) establish and maintain communication with Medical Directors/Chiefs of Staff of other hospitals as needed;
 - (xxviii) in consultation with the Chief Executive Officer, designate an alternate to act when both the Chief of Staff/Chair, Medical Advisory Committee and the Vice Chair, Medical Advisory Committee are absent; and
 - (xxix) delegate responsibility for other administrative duties to another member of the Professional Staff when he or she deems appropriate.

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5.3 ***DEPUTY CHIEF OF STAFF/VICE CHAIR, MEDICAL ADVISORY COMMITTEE***

(1) Appointment and Duties

- (a) A Deputy Chief of Staff/Vice Chair, Medical Advisory Committee may be appointed by the Board for a term or terms may be designated by the Board. The Deputy Chief of Staff/Vice Chair, Medical Advisory Committee, if appointed, shall be a member of the Medical Advisory Committee and shall act in the place of the Chief of Staff/Chair, Medical Advisory Committee if the Chief of Staff/Chair, Medical Advisory Committee is absent or unable to act, and shall perform such duties as assigned from time to time by the Chief of Staff/Chair, Medical Advisory Committee; provided that the Deputy Chief/Vice Chair, Medical Advisory Committee shall not be a Director of the Centre unless appointed as Chief of Staff/Chair, Medical Advisory Committee on an acting or interim basis in accordance with Article 5.2(1)(c).
- (b) Notwithstanding any other provision in this By-law, in the event that the term of office of the Deputy Chief of Staff/Vice Chair, Medical Advisory Committee shall expire before a successor is appointed, the appointment of the incumbent may be extended.
- (c) An appointment to the position of Deputy Chief of Staff/Vice Chair, Medical Advisory Committee may be made on an acting or interim basis where there is a vacancy or while the person holding the position of Deputy Chief of Staff/Vice Chair, Medical Advisory Committee is absent or unable to act.
- (d) An appointment to the position of Deputy Chief of Staff/Vice Chair, Medical Advisory Committee may be revoked at any time by the Board.

PART VI - COMMITTEES OF THE PROFESSIONAL STAFF

6.1 ***PROFESSIONAL STAFF ASSOCIATION***

(1) Purpose

The Professional Staff Association represents all of the Professional Staff. The Professional Staff Association provides a structure whereby the members of the Professional Staff participate in the Centre's planning, policy setting and decision making.

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(2) Membership

All Professional Staff members are members of the Professional Staff Association.

(3) Annual Meetings- Notice of Annual Meetings

The Annual Meeting of the Professional Staff Association shall be called by the President of the Professional Staff Association and shall normally be held in the month of June, and not less than seven (7) consecutive days prior to the Annual Meeting of the Centre. The elected officers of the Professional Staff Association shall be elected at the Annual Meeting of the Professional Staff Association. At each Annual Meeting, the Professional Staff shall fix a time and place for the next Annual Meeting. A written notice of each Annual Meeting shall be posted in the Professional Staff lounge by the Secretary/Treasurer of the Professional Staff Association not less than twenty (14) days before the next Annual Meeting of the Professional Staff Association.

(4) Regular Meetings - Notice of Regular Meetings

In addition to the Annual Meeting, the Professional Staff Association shall hold at least three (3) regular meetings annually, the dates for which will be determined immediately following the Annual Meeting. Further, regular meetings may be called by the President of the Professional Staff Association upon written notice to the Professional Staff Association which shall be posted in the Professional Staff lounge by the Secretary/Treasurer of the Professional Staff Association not less than fourteen (14) days before the meeting.

(5) Special Meetings - Notice of Special Meetings

- (a) The President of the Professional Staff Association shall call a special meeting of the Professional Staff on the written request of:
 - (i) any three (3) members of the Active Staff;
 - (ii) the Chair; or
 - (iii) the Chief Executive Officer.
- (b) Notice of such special meetings shall be as required for a regular meeting (as set out at Article 6.1(4)), except in cases of emergency, and shall state the nature of the business for which the special meeting is called.
- (c) In cases of emergency, the President of the Professional Staff Association may call a special meeting. The usual period of time and format of notice required for giving notice of any special meeting may be waived in cases

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of emergency, subject to ratification of this action by the majority of those members of the Professional Staff present and voting at the special meeting, as the first item of business at the meeting.

(6) Quorum

A majority of the members of the Professional Staff Association present and entitled to vote shall constitute a quorum at any meeting of the Professional Staff Association. In any case where a quorum of the Professional Staff Association has not arrived at the place designated for the meeting within thirty (30) minutes after the time prescribed, no business may be transacted at such meeting, however any such meeting may proceed on an informal basis at the discretion of the chair in consultation with the members in attendance, and recommendations may be made to be brought forward at the next meeting of the Professional Staff Association at which there is a quorum.

(7) Order of Business

The order of business for any meeting of the Professional Staff Association not provided for in this By-law, the Policies, or the Rules shall be governed by the rules of order adopted by the Board.

(8) Attendance at Meetings

All members of the Professional Staff Association may attend meetings of the Professional Staff Association provided that guests may only so attend, if invited to do so by the chair of the meeting. As contemplated by Article 4.1(c), each member of the Active and Associate Staff shall attend at least seventy-five percent (75%) of Professional Staff Association meetings.

(9) Officers and Meetings of the Professional Staff

- (a) Meetings of the Professional Staff Association held in accordance with this Article 6.1 shall be deemed to meet the requirement to hold meetings of the Medical Staff Association pursuant to the Public Hospitals Act.
- (b) The provisions of Articles 6.1(13), (14) and (15) with respect to the officers of the Professional Staff shall be deemed to satisfy the requirements of the Public Hospitals Act with respect of the Medical Staff Association. For greater certainty, the President, Vice President and the Secretary/Treasurer of the Professional Staff shall be deemed to be the President, Vice President and the Secretary of the Medical Staff Association. The officers of the Professional Staff Association shall be:
 - (i) the President;

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- (ii) the Vice President; and
- (iii) the Secretary/Treasurer.

(10) Eligibility to Vote

Only members of the Active Staff who are members in compliance with Article 3.2 of this By-law are eligible to vote at meetings of the Professional Staff Association.

(11) Eligibility to Hold Office

- (a) Only Physicians who are members of the Active Staff may be elected or appointed to any position or office of the Professional Staff Association.
- (b) Officers are appointed for a one (1) year term which is renewable for a maximum of two (2) additional, consecutive one (1) year terms, subject to re-election by the Members. Thereafter an officer may be re-elected to the same position following a break in continuous service of at least one year.
- (c) The Chief of Staff/Chair, Medical Advisory Committee may not, for so long as he or she is Chief of Staff/Chair, Medical Advisory Committee, hold office in the Professional Staff Association.
- (d) An officer of the Professional Staff Association may be removed from office prior to the expiry of his or her term by a majority vote of the voting members of the Professional Staff in attendance and voting at a meeting of the Professional Staff called for such purpose.
- (e) If the position of any officer of the Professional Staff becomes vacant during the term, it may be filled by a vote of the majority of the members of the Professional Staff present and voting at a regular meeting of the Professional Staff or at a special meeting of the Professional Staff called for that purpose. The election of such member shall follow the process in Article 6.1(12). The Professional Staff member so elected to office shall fill the office until the next annual general meeting of the Professional Staff.

(12) Election Procedure

- (a) A nominating committee for the following year shall be established at each Annual Meeting of the Professional Staff Association, consisting of the incoming President of the Professional Staff Association, the out-going President of the Professional Staff Association, and a member-at-large who is a Physician member of the Active Staff.

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- (b) At least twenty one (21) days before the Annual Meeting of the Professional Staff Association, its nominating committee shall post in the Professional Staff lounge, a list of the names of those who are nominated for the officers of the Professional Staff Association that are to be filled by election in accordance with this By-law and the Hospital Management Regulation.
- (c) Any further nominations shall be made in writing to the Secretary/Treasurer of the Professional Staff Association within fourteen (14) days after the posting of the names referred to in Article 6.1(12)(b); provided that any further nomination referred to in Article 6.1(12)(c) is signed by two (2) or more members of the Professional Staff Association who are entitled to vote and the nominee shall have signified in writing acceptance of such nomination on the nomination sheet, then such further nominations shall be posted alongside the list referred to in Article 6.1(12)(b).

(13) Duties of the President of the Professional Staff Association

The President of the Professional Staff Association shall:

- (a) be an *ex-officio*, non-voting member of the Board, and a voting member of any committees of the Board as deemed appropriate by the Board, and as such, fulfil his or her fiduciary duties to the Centre;
- (b) be a voting member of the Medical Advisory Committee but shall not, for so long as he or she is President of the Professional Staff Association, be eligible for appointment as Chief of Staff/Chair, Medical Advisory Committee;
- (c) act as a liaison between the Professional Staff, the Chief of Staff/Chair, Medical Advisory Committee, and the Board with respect to matters concerning the Professional Staff;
- (d) support and promote the vision, mission, values and strategic directions of the Centre;
- (e) preside at all meetings of the Professional Staff Association; and
- (f) call regular and special meetings of the Professional Staff Association.

(14) Duties of the Vice President of the Professional Staff Association

The Vice President of the Professional Staff Association shall:

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- (a) act in the place of the President of the Professional Staff Association in the event of absence or disability of the President of the Professional Staff Association, performing all duties and possessing powers as set out in Article 6.1(13); provided that the Vice President of the Professional Staff Association shall not be a Director of the Centre unless appointed as Chief of Staff/Chair, Medical Advisory Committee on an acting or interim basis in accordance with Article 5.2(1)(c);
- (b) perform such duties as the President of the Professional Staff Association may duly delegate to him or her; and
- (c) be a voting member of the Medical Advisory Committee but shall not, for so long as he or she is Vice President of the Professional Staff Association, be eligible for appointment as Chair, Medical Advisory Committee.

(15) Duties of the Secretary/Treasurer of the Professional Staff Association

The Secretary/Treasurer of the Professional Staff Association shall:

- (a) be a voting member of the Medical Advisory Committee but shall not, for so long as he or she is Secretary/Treasurer of the Professional Staff Association, be eligible for appointment as Chair, Medical Advisory Committee;
- (b) attend to the correspondence of the Professional Staff Association;
- (c) ensure notice is given and minutes are kept of all Professional Staff Association meetings;
- (d) maintain the funds and financial records of the Professional Staff Association and provide a financial report at the annual general meeting of the Professional Staff Association;
- (e) disburse funds at the direction of the Professional Staff as determined by a majority vote of the Professional Staff members present and entitled to vote at a duly constituted Professional Staff Association meeting; and
- (f) act in the place of the Vice President of the Professional Staff Association in the event of absence or disability of the Vice President of the Professional Staff Association, performing all duties and possessing powers as set out in Article 6.1(14).

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(16) Signing Officers

The Professional Staff Association signing officers shall be any two (2) of the Secretary/Treasurer of the Professional Staff Association, President of the Professional Staff Association, or the Vice President of the Professional Staff Association.

(17) Annual Dues

The elected officers of the Professional Staff Association shall determine the annual dues to be paid by the Active Staff at the beginning of each Professional Staff Association Year.

6.2 MEDICAL ADVISORY COMMITTEE

(1) Accountability and Purpose

The Medical Advisory Committee is accountable to the Board in accordance with the Public Hospitals Act and the regulations pertaining thereto. The purpose of the Medical Advisory Committee is:

- (a) to provide the structure which governs and directs the activities of the Professional Staff with respect to Patient care, education, research and relationships with the various Centre departments; and
- (b) to promote the quality of care and its continuing improvement by serving as a framework for monitoring the quality of care rendered to Patients and residents.

(2) Composition of the Medical Advisory Committee

- (a) The Medical Advisory Committee shall consist of the following voting members:
 - (i) the Chief of Staff who shall be Chair, Medical Advisory Committee;
 - (ii) the member of the Medical Advisory Committee who is appointed by the Board as Deputy Chief of Staff/Vice Chair, Medical Advisory Committee
 - (iii) the President, Vice President and Secretary/Treasurer of the Professional Staff;
 - (iv) the chair, Pharmacy and Therapeutics Committee;

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- (v) the chair, Infection Control Committee;
 - (vi) the chair, Medical and Diagnostic Quality and Utilization Committee;
 - (vii) the chairs of any other committees of the Medical Advisory Committee as may be established from time to time;
 - (viii) additional members of the Professional Staff as may be appointed by the Board from time to time.
- (b) In addition, the following shall be entitled to attend the meetings of the Medical Advisory Committee without a vote:
- (i) the Chief Executive Officer;
 - (ii) the Chief Nursing Executive;
 - (iii) the Vice President Programs; and
 - (iv) additional members as recommended by the Chief of Staff/Chair, Medical Advisory Committee and/or the Chief Executive Officer and approved by the members of the Medical Advisory Committee.

(3) Duties and Responsibilities of the Medical Advisory Committee

The Medical Advisory Committee shall perform the duties and undertake the responsibilities set out in the Public Hospitals Act and Hospital Management Regulation, including:

- (a) making recommendations to the Board concerning the following matters:
 - (i) every application for appointment and 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 respecting the Medical Staff, Dental 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 Centre by the Professional Staff.

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- (b) responding to requests of the Board or the Chief Executive Officer;
- (c) receiving reports from the committees and task forces of the Medical Advisory Committee including the Infection Control Committee, Pharmacy and Therapeutics Committee, and Medical and Diagnostic Quality and Utilization Committee and take such actions as it deems necessary;
- (d) developing and reporting on a Professional Staff Human Resources Plan;
- (e) appointing Professional Staff members of all committees of the Medical Advisory Committee;
- (f) establishing committees and task forces as required;
- (g) supervising the practice of medicine, dentistry and extended class nursing in the Centre;
- (h) through the Chief of Staff/Chair, Medical Advisory Committee, advising the Board or the Chief Executive Officer on:
 - (i) education and research at the Centre;
 - (ii) the clinical role of the Centre; and
 - (iii) the utilization of resources by Programs and Services;
- (i) where the Medical Advisory Committee identifies systemic or recurring quality of care issues in making its recommendations to the Board under subsection 7.2(a)(v) of the Hospital Management Regulation, the Medical Advisory Committee shall make recommendations about those issues to the Centre's quality committee established under subsection 3(1) of the *Excellent Care for All Act*.
- (j) performing all other functions set out in the Hospital Management Regulation including receiving reports on critical incidents.

(4) Frequency of Meetings and Quorum

The Medical Advisory Committee shall meet not less than (10) times per year. A majority of members present and entitled to vote shall constitute a quorum for a meeting of the Medical Advisory Committee. In any case, where a quorum of the Medical Advisory Committee has not arrived at the place designated for the meeting within thirty (30) minutes after the time prescribed, no business may be transacted at such meeting; however any such meeting may proceed on an informal basis at the discretion of the chair, in consultation with the members in

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attendance, and recommendations may be made to be brought forward at the next meeting of the Medical Advisory Committee at which there is a proper quorum.

(5) Executive Committee of the Medical Advisory Committee

- (a) The Executive Committee of the Medical Advisory Committee shall consist of:
 - (i) the Chief of Staff/Chair, Medical Advisory Committee;
 - (ii) the Deputy Chief of Staff/Vice Chair, Medical Advisory Committee, if any;
 - (iii) the President of the Professional Staff Association; and
 - (iv) a Physician member of the Medical Advisory Committee as elected by the voting members of the Medical Advisory Committee.
- (b) The Chief Executive Officer may attend meetings of the Executive Committee of the Medical Advisory Committee, without power to vote.
- (c) The Executive Committee of the Medical Advisory Committee shall:
 - (i) act as an advisory committee to the Medical Advisory Committee on issues brought to the Medical Advisory Committee or referred to the Executive Committee by the Board or Chief Executive Officer;
 - (ii) exercise full powers of the Medical Advisory Committee in all matters which, due to their urgency, cannot wait to be dealt with by the Medical Advisory Committee, reporting every such matter at the next meeting of the Medical Advisory Committee; and
 - (iii) report at each meeting of the Medical Advisory Committee.

(6) Attendance at Meetings of the Medical Advisory Committee

As contemplated by Article 4.1(c)(ii), each Active Staff and Associate Staff member of the Professional Staff who is a member of the Medical Advisory Committee shall attend at least seventy-five percent (75%) of the meetings of the Medical Advisory Committee.

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**6.3 OTHER COMMITTEES OF THE MEDICAL ADVISORY COMMITTEE
ESTABLISHED BY THE BOARD**

(1) Purpose

- (a) In addition to the Executive Committee of the Medical Advisory Committee, the terms of reference for which are covered by the provisions of Article 6.2(5), the Board may, on the recommendation of the Medical Advisory Committee, establish 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. Such committees include:
 - (i) the Medical and Diagnostic Quality and Utilization Committee, which shall be responsible for monitoring the quality of professional care and for credentialing the Professional Staff, and amending and overseeing compliance with the Rules;
 - (ii) the Infection Control Committee; and
 - (iii) the Pharmacy and Therapeutics Committee.
- (b) 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 or in a resolution of the Board, on the recommendation of the Medical Advisory Committee.

(2) Appointment to Committees of the Medical Advisory Committee

Pursuant to the Hospital Management Regulation, the Medical Advisory Committee shall appoint the Medical Staff members of any such sub committee of the Medical Advisory Committee. Other members of committees of the Medical Advisory Committee may be appointed by the Chief Executive Officer or the Board.

(3) Duties of Committees of the Medical Advisory Committee

In addition to the specific duties of each committee of the Medical Advisory Committee as set out in the Rules and Regulations, all committees of the Medical Advisory Committee shall:

- (a) meet as directed by the Medical Advisory Committee; and
- (b) present a written report of its activities and deliberations, including any recommendations it wishes to make, at the next meeting of the Medical Advisory Committee.

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(4) Eligibility to Vote and Quorum

Each member appointed to each committee of a Medical Advisory Committee is eligible to vote unless otherwise provided in such committee's terms of reference.

A majority of the members present and entitled to vote at any meeting of a committee of the Medical Advisory Committee shall constitute a quorum.

(5) Chairs of Committees of the Medical Advisory Committee

The Medical Advisory Committee shall appoint the chair of each committee of the Medical Advisory Committee.

(6) Duties of the Chairs of Committees of the Medical Advisory Committee

Each chair of a committee of the Medical Advisory Committee shall:

- (a) be a member of the Medical Advisory Committee;
- (b) chair the meetings of the committee of the Medical Advisory Committee of which he or she is chair;
- (c) call meetings of the committee of the Medical Advisory Committee of which he or she is chair in accordance with its terms of reference;
- (d) at the request of the Medical Advisory Committee, be present to discuss all or part of any report to the Medical Advisory Committee; and
- (e) carry out other duties as may be prescribed by the Medical Advisory Committee from time to time.

(7) Attendance at Meetings of Committees of the Medical Advisory Committee

Each member of the Medical Staff who is a member of a committee of the Medical Advisory Committee shall attend at least seventy-five percent (75%) of the meetings of the committee of the Medical Advisory Committee.

PART VII - HEALTH PROFESSIONS

7.1 RESPONSIBILITIES OF HEALTH PROFESSIONALS

- (a) Each member of the Professional Staff and each Health Professional shall advance the principles developed by the Centre with respect to Transdisciplinary care and quality improvement and adhere to current standards of practice as required by his or her regulatory college, as applicable.

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- (b) Health Professionals shall participate in maintenance of competence or other continuing education programs and meet the standards as set out by his or her regulatory college, as applicable.

7.2 PROFESSIONAL STANDARDS AND ISSUES COMMITTEES

- (a) Each Regulated Health Profession and each unregulated health profession as designated from time to time by the Chief Executive Officer shall have a Professional Standards and Issues Committee at the Centre.
- (b) Each Professional Standards and Issues Committee shall assist Health Professionals (within its health profession) across all Programs in maintaining current professional standards, improving quality of care, identifying and advancing best practices in its profession and facilitating and promoting peer support activities.
- (c) Each Professional Standards and Issues Committee shall have the membership and perform the functions as outlined in its terms of reference as shall be amended from time to time, and approved by the Chief Executive Officer.

7.3 NURSING AND HEALTH PROFESSIONS ADVISORY COMMITTEE

- (a) A Nursing and Health Professions Advisory Committee shall be established by the Chief Executive Officer. The Nursing and Health Professions Advisory Committee shall have membership which represents all Health Professionals and shall perform the functions as outlined in its terms of reference as shall be amended from time to time and approved by the Chief Executive Officer.
- (b) The Nursing and Health Professions Advisory Committee is responsible for promoting professional practice at the Centre by providing a leadership forum for addressing inter professional issues related to clinical practice, education and research and for developing Transdisciplinary policies and protocols which support quality of care priorities.

7.4 CHIEF NURSE AND HEALTH PROFESSIONS OFFICER

The Chief Nurse and Health Professions Officer shall be recruited by and accountable to the Chief Executive Officer. He or she shall:

- (a) chair the Nursing and Health Professions Advisory Committee referred to at section 7.3;

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- (b) implement a framework to guide the advancement of professional practice through education, quality improvement initiatives, evaluation, and research.
- (c) function as a resource to Health Professionals on legislation, scope and standards of practice; and
- (d) provide advice on issues related to professional practice in the Centre, including human resource issues.

PART VIII - AMENDMENTS TO PROFESSIONAL STAFF BY-LAW

Prior to submitting amendments to this By-law to the approval process applicable to the By-laws generally,

- (a) a notice shall be posted specifying the proposed amendments to this By-law shall be made available for review by the Professional Staff;
- (b) the Professional Staff shall be afforded an opportunity to make a written representation to the Chair, Medical Advisory Committee on the proposed amendment to this By-law; and
- (c) the Medical Advisory Committee may make recommendations to the Board concerning the proposed amendment(s).

PASSED by the Board on the day of , 2011.

Chair

Secretary

CONFIRMED by the Members on the day of , 2011.

Secretary