

# Annual Meeting

## of the Members of the Corporation of Muskoka Algonquin Healthcare

Tuesday, June 23, 2025  
7:00 PM  
Huntsville Site Boardroom

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Agenda Item	Speaker	Page #
1. Chair's Welcome/Call To Order	Dave Uffelmann	---
2. Land Acknowledgment	Dave Uffelmann	---
3. Approval of Previous Minutes of June 16, 2025	Dave Uffelmann	X
4. Audited Financial Statements	Mary Lyne	
• Presentation of the Audited Financial Statements		X
• Appointment of Corporate Auditors♦		
5. Credentialed Staff By-Law♦	Dave Uffelmann	X
6. Election of Directors♦	Carla Ladd	
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7. Closing Remarks and Adjournment♦	Dave Uffelmann	---

♦ *Denotes motion required*

# NOTICE OF MOTIONS FOR RESOLUTION

- **Adoption of Minutes**

That the minutes of the Annual Meeting for the Members of the Corporation held June 16, 2025 be approved.

- **Appointment of Corporate Auditor**

That KPMG be appointed as the corporate auditor for Muskoka Algonquin Healthcare to hold office until the next annual meeting.

- **Election of Directors**

That the following be appointed by the Members of the Corporation to the Muskoka Algonquin Healthcare Board of Directors:

- Mary Lyne for a 3-year term ending June 2029.
- Bruce Schouten for a 3-year term ending June 2029.
- Marni Dicker for a 3-year term ending June 2029.
- Dave Uffelmann for a 2-year term ending June 2028.
- Catherine Brown for a 1-year term ending June 2027.

- **Credentialed Staff By-Law**

WHEREAS on May 7, 2026 the board of directors of Muskoka Algonquin Healthcare approved a new credentialed staff by-law (the “Credentialed Staff By-Law”), copies of which have been presented to the meeting, subject to member confirmation.

BE IT RESOLVED that the Members of Muskoka Algonquin Healthcare hereby confirm the Credentialed Staff By-law enacted by the Board of Directors on May 7, 2026, as presented, in accordance with the Ontario Not-for-Profit Corporations Act.

**MINUTES OF THE ANNUAL MEETING  
FOR THE MEMBERS OF THE CORPORATION OF  
MUSKOKA ALGONQUIN HEALTHCARE  
MONDAY, JUNE 16, 2025**

South Muskoka Site Boardroom

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Members Present:

Dave Uffelmann	Bruce Schouten
Carla Clarkson-Ladd	Mary Lyne
Jody Boxall	Line Villeneuve
Dr. William Evans	Colleen Nisbet
Anna Landry	Moreen Miller
Marni Dicker	

Guests:

Cheryl Harrison	Michael Righetti
Dr. Khaled Abdel-Razek	Beel Yaqub
Alasdair Smith	Dr. Helen Dempster
Diane George	Dr. Joseph Gleeson
Ruth Chalmers	Mary Silverthorn

1. Chair's Welcome/Call To Order

Dave Uffelmann, Board Chair noted quorum was present and called the meeting to order at 6:20 pm. Guest were welcomed to the meeting and it was noted that only Members of the Corporation are entitled to vote.

2. Land Acknowledgment

The Land Acknowledgement statement was read aloud.

3. Approval of Previous Minutes of June 24, 2024

***It was moved, seconded and carried that the minutes of the Annual Meeting for the Members of the Corporation held June 24, 2024 be approved.***

4. Report of the Corporate Auditor

Bruce Schouten presented the Audited Financial Statements and noted KPMG has provided an unqualified opinion which represents the highest level of assurance that can be received under auditing standards.

A Request for Proposal process occurred this past year for the Corporate Auditor. The result of this process led to a recommendation to continue with KPMG. Given the tenure of KPMG with Muskoka Algonquin Healthcare, the Audit Subcommittee has requested that the lead audit partner be rotated to ensure objectivity and independence is maintained.

***It was moved, seconded and carried that KPMG be appointed as the corporate auditor for Muskoka Algonquin Healthcare to hold office until the next annual meeting.***

## 5. Report of the Nominations Committee

Mary Lyne, Nominations Committee Chair presented the slate of directors recommended for election.

***It was moved, seconded and carried that the following be appointed by the Members of the Corporation to the Muskoka Algonquin Healthcare Board of Directors:***

- ***Ruth Chalmers for a 3-year term ending June 2028.***
- ***Beel Yaqub for a 3-year term ending June 2028.***
- ***Michael Righetti for a 3-year term ending June 2028.***
- ***Don Macintosh for a 3-year term ending June 2028.***

## 6. Closing Remarks and Adjournment

The Chair recognized and extended appreciation to the retiring Directors providing the following highlights:

- Dr. Joseph Gleeson has served two years on the board, one as Vice President and one as President of the Credential Staff Association. He's known for offering thoughtful commentary which have been valued in board discussions.
- Anna Landy joined the board in 2022 and has been very active, serving on Capital Redevelopment, MAHC MAOHT Committee, Quality and Patient Safety, and Resources and Audit Committees.
- Lynn Villeneuve, also a 2022 board member, has contributed to Governance, Nominations, Quality and Patient Safety, and Resources and Audit Committees. She is known for asking in-depth HR questions.
- Tim Ellis joined the board in 2020 and had a strong focus on the Resources and Audit Committee, where he served as a member, then chair, and continued his involvement. Additional committee service included IDEA, Nominations, Performance Management, Quality and Patient Safety, and Audit serving three years, including one year as chair.
- Moreen Miller joined the board in 2016 and is now completing her maximum nine-year term. Throughout her tenure, she has served on every committee and chaired many of them, including the Local Share Committee, which she has led since its inception. Her involvement has been comprehensive and unwavering, consistently going above and beyond the expectations of her roles. Moreen is widely recognized

as a remarkable leader whose dedication and contributions have left a lasting impact on the board.

***It was moved that the meeting be adjourned at 6:30 pm.***

Financial Statements of

**MUSKOKA ALGONQUIN  
HEALTHCARE**

And Independent Auditor's Report thereon

Year ended March 31, 2026

# MUSKOKA ALGONQUIN HEALTHCARE

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Year ended March 31, 2026

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**KPMG LLP**  
Times Square  
1760 Regent Street, Unit 4  
Sudbury, ON P3E 3Z8  
Canada  
Telephone 705 675 8500  
Fax 705 675 7586

## **INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors of Muskoka Algonquin Healthcare

### ***Opinion***

We have audited the financial statements of Muskoka Algonquin Healthcare (the Hospital), which comprise:

- the statement of financial position as at March 31, 2026
- the statement of operations for the year then ended
- the statement of changes in net assets (debt) for the year then ended
- the statement of cash flows for the year then ended
- and notes to the financial statements, including a summary of significant accounting policies

(Hereinafter referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as at March 31, 2026, and its results of operations, its changes in net assets (debt) and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

### ***Basis for Opinion***

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “***Auditor’s Responsibilities for the Audit of the Financial Statements***” section of our auditor’s report.

We are independent of the Hospital in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.



## ***Responsibilities of Management and Those Charged with Governance for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Hospital's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Hospital or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Hospital's financial reporting process.

## ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control.



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- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Hospital's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Hospital to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

A handwritten signature in black ink that reads 'KPMG LLP'. The signature is written in a cursive, slightly slanted style. Below the signature is a horizontal line that starts under the 'K' and ends under the 'P'.

Chartered Professional Accountants, Licensed Public Accountants

Sudbury, Canada

June 15, 2026

# MUSKOKA ALGONQUIN HEALTHCARE

## Statement of Operations

Year ended March 31, 2026, with comparative information for 2025

	2026	2025
Revenue:		
Ministry of Health and Ontario Health:		
Base funding	\$ 114,708,640	\$ 107,769,134
One-time funding	5,481,852	3,888,180
Specifically funded programs	1,865,714	-
Patient charges	9,917,479	9,818,839
Other (note 14)	8,073,284	8,293,970
Amortization of deferred equipment contributions	3,529,626	3,643,534
	<u>143,576,595</u>	<u>133,413,657</u>
Expenses:		
Salaries and wages	77,665,432	75,509,573
Employee benefits	19,920,894	16,548,445
Supplies and other	23,815,877	21,197,161
Medical staff remuneration	10,920,677	11,720,180
Drugs	5,729,956	5,091,815
Medical and surgical supplies	5,579,869	5,778,687
Amortization of equipment	4,179,284	3,643,534
Ministry of Health and Ontario Health specifically funded programs	1,865,714	-
	<u>149,677,703</u>	<u>139,489,395</u>
Deficiency of revenue over expenses before the undernoted items	(6,101,108)	(6,075,738)
Other programs:		
Revenue	15,626	13,950
Expenses	(17,179)	(18,384)
	<u>(1,553)</u>	<u>(4,434)</u>
Deficiency of revenue over expenses from Hospital operations	(6,102,661)	(6,080,172)
Amortization of deferred capital contributions	1,997,573	2,008,708
Amortization of buildings	(2,021,278)	(2,119,707)
	<u>(23,705)</u>	<u>(110,999)</u>
Deficiency of revenue over expenses	<u>\$ (6,126,366)</u>	<u>\$ (6,191,171)</u>

See accompanying notes to financial statements.

# MUSKOKA ALGONQUIN HEALTHCARE

## Statement of Financial Position

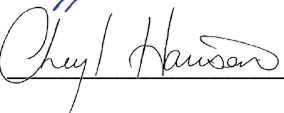
March 31, 2026, with comparative information for 2025

	2026	2025
<b>Assets</b>		
Current assets:		
Cash	\$ 19,430,396	\$ 17,093,458
Restricted cash (note 2)	3,486,492	3,376,525
Short-term investments	-	4,753,141
Accounts receivable (note 3)	6,087,770	7,119,022
Inventories	1,252,840	845,482
Due from related parties (note 4)	1,941,500	2,033,816
Prepaid expenses	1,283,268	1,182,916
	<u>33,482,266</u>	<u>36,404,360</u>
Capital assets (note 5)	57,842,395	53,994,126
	<u>\$ 91,324,661</u>	<u>\$ 90,398,486</u>
<b>Liabilities and Net Assets (Debt)</b>		
Current liabilities:		
Accounts payable and accrued liabilities (note 7)	\$ 24,837,187	\$ 22,604,184
Deferred operating contributions (note 8)	668,186	601,279
	<u>25,505,373</u>	<u>23,205,463</u>
Asset retirement obligation (note 9)	308,963	267,458
Long-term obligations (note 10)	14,033,427	12,853,860
Employee post-retirement benefits (note 11)	3,105,700	2,972,500
Deferred contributions related to capital assets (note 12)	55,458,400	52,060,041
	<u>98,411,863</u>	<u>91,359,322</u>
Net assets (debt):		
Unrestricted	(10,573,694)	(4,337,361)
Internally restricted	3,486,492	3,376,525
	<u>(7,087,202)</u>	<u>(960,836)</u>
Contingencies (note 16)		
	<u>\$ 91,324,661</u>	<u>\$ 90,398,486</u>

See accompanying notes to financial statements.

On behalf of the Board:

 \_\_\_\_\_ Director

 \_\_\_\_\_ Director

# MUSKOKA ALGONQUIN HEALTHCARE

## Statement of Changes in Net Assets (Debt)

Year ended March 31, 2026, with comparative information for 2025

	Unrestricted	Internally Restricted	2026 Total	2025 Total
Balance, beginning of year	\$ (4,337,361)	\$ 3,376,525	\$ (960,836)	\$ 5,230,335
Deficiency of revenue over expenses	(6,126,366)	-	(6,126,366)	(6,191,171)
Transfers	(109,967)	109,967	-	-
Balance, end of year	\$ (10,573,694)	\$ 3,486,492	\$ (7,087,202)	\$ (960,836)

See accompanying notes to financial statements.

# MUSKOKA ALGONQUIN HEALTHCARE

## Statement of Cash Flows

Year ended March 31, 2026, with comparative information for 2025

	2026	2025
Cash flows from operating activities:		
Deficiency of revenue over expenses	\$ (6,126,366)	\$ (6,191,171)
Adjustments for:		
Amortization of capital assets	6,200,562	5,763,241
Amortization of deferred contributions related to capital assets	(5,527,199)	(5,652,242)
Accretion expense on asset retirement obligation	41,505	-
Increase in employee post-retirement benefits	133,200	110,800
	(5,278,298)	(5,969,372)
Change in non-cash working capital:		
Accounts receivable	1,031,252	1,435,520
Inventories	(407,358)	58,555
Due from related parties	92,316	(42,513)
Prepaid expenses	(100,352)	95,607
Accounts payable and accrued liabilities	2,233,003	(6,462,482)
Other long-term liabilities	1,179,567	1,898,746
Deferred operating contributions	66,907	(72,918)
	(1,182,963)	(9,058,857)
Cash flows from capital activities:		
Purchase of capital assets	(10,048,831)	(7,572,132)
Receipt of deferred contributions related to capital assets	8,925,558	6,828,724
	(1,123,273)	(743,408)
Cash flows from investing activities:		
Net change in investments	4,753,141	(4,610,120)
Net increase (decrease) in cash	2,446,905	(14,412,385)
Cash, beginning of year	20,469,983	34,882,368
Cash, end of year	\$ 22,916,888	\$ 20,469,983
Comprised of:		
Cash	\$ 19,430,396	\$ 17,093,458
Restricted cash (note 2)	3,486,492	3,376,525
	\$ 22,916,888	\$ 20,469,983

See accompanying notes to financial statements.

# MUSKOKA ALGONQUIN HEALTHCARE

Notes to Financial Statements

Year ended March 31, 2026

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Muskoka Algonquin Healthcare (the “Hospital”) is incorporated without share capital under the laws of the Province of Ontario. Its principal activity is the provision of health care services to the residents of Burk’s Falls, Huntsville, Bracebridge, Gravenhurst, Township of Muskoka Lakes, Township of Georgian Bay, Township of Lake of Bays and the surrounding areas. The Hospital is a registered charity and, as such, is exempt from income taxes provided certain requirements under the Income Tax Act are met.

## 1. Significant accounting policies:

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards including the 4200 standards for government not-for-profit organizations. A statement of remeasurement gains and losses has not been included as there are no matters to report therein.

### (a) Revenue recognition:

The Hospital accounts for contributions, which include donations and government grants, under the deferral method of accounting.

Under the Health Insurance Act and Regulations thereto, the Hospital is funded primarily by the Province of Ontario in accordance with budget arrangements established by the Ministry of Health (the “Ministry”) and Ontario Health (“OH”). Operating grants are recorded as revenue in the period to which they relate. Grants approved but not received at the end of an accounting period are accrued. Where a portion of a grant relates to a future period, it is deferred and recognized in the subsequent period.

Unrestricted contributions are recognized as revenue when received or receivable if the amounts can be reasonably estimated and collection is reasonably assured.

Externally restricted contributions are recognized as revenue in the period in which the related expenses are recognized.

Contributions restricted for the purchase of capital assets are deferred and amortized into revenue on a straight-line basis at rates corresponding to those of the related capital assets.

Revenue from patient and other services is recognized when the performance obligations are settled, when the goods are sold or the service is provided, the amounts can be reasonably estimated and collection is reasonably assured.

### (b) Inventories:

Inventories are stated at the lower of average cost and net realizable value. Cost comprises all costs to purchase, convert and any other costs in bringing the inventories to their present location and condition.

# MUSKOKA ALGONQUIN HEALTHCARE

Notes to Financial Statements (continued)

Year ended March 31, 2026

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## 1. Significant accounting policies (continued):

### (c) Capital assets:

Purchased capital assets are recorded at cost. Repairs and maintenance costs are charged to expense. Betterments which extend the estimated life of an asset are capitalized. When a capital asset no longer contributes to the Hospital's ability to provide services, its carrying amount is written down to its residual value.

Construction in progress is not amortized until construction is complete and the facilities come into use.

Amortization is provided on the straight-line basis at the following range of annual rates:

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	Rate
Land improvements	5%
Buildings	2% - 20%
Equipment	5% - 33%

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Amortization is taken at 50% of the above rates in the year of acquisition.

Long-lived assets, including capital assets subject to amortization, are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability is measured by a comparison of the carrying amount to the estimated undiscounted future cash flows expected to be generated by the asset. If the carrying amount of the asset exceeds its estimated future cash flows, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value of the asset. When quoted market prices are not available, the Hospital uses the expected future cash flows discounted at a rate commensurate with the risks associated with the recovery of the asset as an estimate of fair value.

Assets to be disposed of would be separately presented in the statement of financial position and reported at the lower of the carrying amount or fair value less costs to sell, and are no longer amortized. The assets and liabilities of a disposal group classified as held for sale would be presented separately in the appropriate asset and liability sections of the statement of financial position.

# MUSKOKA ALGONQUIN HEALTHCARE

Notes to Financial Statements (continued)

Year ended March 31, 2026

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## 1. Significant accounting policies (continued):

### (d) Asset retirement obligations:

The Hospital recognizes the fair value of an asset retirement obligation ("ARO") when all of the following criteria have been met:

- There is a legal obligation to incur retirement costs in relation to a tangible capital asset;
- The past transaction or event giving rise to the liability has occurred;
- It is expected that future economic benefits will be given up; and
- A reasonable estimate of the amount can be made.

A corresponding amount is added to the carrying value of the related tangible capital asset and is then amortized over its remaining useful life.

The estimated amount of future costs to retire the asset is reviewed annually and adjusted to reflect the current best estimate of the liability. Adjustments may result from changes in the assumption used to estimate the amount required to settle the obligation. These amounts are recognized as an increase or decrease in the carrying amount of the asset retirement obligation liability, with a corresponding adjustment to the carrying amount of the related asset. If the related asset is no longer in productive use, all subsequent changes in the estimate of the liability for the ARO are recognized as an expense in the period incurred.

A liability for the removal of asbestos-containing materials in certain facilities owned by the Hospital has been recognized based on estimated future expenses. Actual remediation costs incurred are charged against the ARO to the extent of the liability recorded. Differences between the actual remediation costs incurred and the associated liability recorded within the financial statements are recognized in the Statement of Operations at the time remediation occurs.

# MUSKOKA ALGONQUIN HEALTHCARE

Notes to Financial Statements (continued)

Year ended March 31, 2026

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## 1. Significant accounting policies (continued):

### (e) Employee future benefits:

The Hospital accrues its obligations for employee benefit plans. The cost of non-pension post-retirement and post-employment benefits earned by employees is actuarially determined using the projected benefit method pro-rated on service and management's best estimate of retirement ages of employees and expected health care costs.

Actuarial gains (losses) on the accrued benefit obligation arise from the change in actuarial assumptions used to determine the accrued benefit obligation. The net accumulated actuarial gains (losses) are amortized over the average remaining service period of active employees. The average remaining service period of the active employees covered by the employee benefit plan is 17 years.

Past service costs arising from the plan amendments are recognized immediately in the period the plan amendments occur.

The Hospital is an employer member of the Healthcare of Ontario Pension Plan (the "Plan") which is a multi-employer, defined benefit pension plan. The Hospital has adopted defined contribution plan accounting principles for this Plan because insufficient information is available to apply defined benefit plan accounting principles and contributions to the benefit plan are determined by the plan administrator and are expensed when due. The most recent regulatory funding valuation of this multi-employer pension plan conducted as at December 31, 2025 disclosed actuarial assets of \$131 billion (2025 – \$123 billion) with accrued pension liabilities of \$120 billion (2025 – \$113 billion), resulting in a surplus of \$11 billion (2025 – \$10 billion). This filing valuation also confirmed that the plan was fully funded on a solvency basis as at December 31, 2025.

# MUSKOKA ALGONQUIN HEALTHCARE

Notes to Financial Statements (continued)

Year ended March 31, 2026

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## 1. Significant accounting policies (continued):

### (f) Use of estimates:

The preparation of the financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the periods specified. Significant items subject to such estimates and assumptions include the carrying amount of capital assets; useful lives and expected retirement costs of assets with retirement obligations; valuation allowances for receivables and inventories; valuation of financial instruments; and assets and obligations related to employee future benefits. Actual results could differ from those estimates. These estimates are reviewed periodically, and, as adjustments become necessary, they are reported in earnings in the year in which they become known.

### (g) Funding adjustments:

The Hospital receives grants from OH and the Ministry for specific services. Pursuant to the related agreements, if the Hospital does not meet specified levels of activity, the Ministry or OH may be entitled to seek recoveries. Should any amounts become recoverable, the recoveries would be charged to operations in the period in which the recovery is determined to be payable. Should programs and activities incur a deficit, the Hospital records any recoveries thereon when additional funding is received or receivable if the amounts can be reasonably estimated and collection is reasonably assured.

### (h) Contributed services:

A substantial number of volunteers contribute a significant amount of their time each year. Given the difficulty of determining the fair market value, contributed services are not recognized in the financial statements.

### (i) Financial instruments:

Financial instruments are recorded at fair value on initial recognition. Freestanding derivative instruments that are not in a qualifying hedging relationship and equity instruments that are quoted in an active market are subsequently measured at fair value. All other financial instruments are subsequently measured at cost or amortized cost, unless management has elected to carry the instruments at fair value. The Hospital has not elected to carry any such financial instruments at fair value.

Unrealized changes in fair value are recognized in the statement of remeasurement gains and losses until they are realized, when they are transferred to the statement of operations.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing costs, which are amortized using the straight-line method.

# MUSKOKA ALGONQUIN HEALTHCARE

Notes to Financial Statements (continued)

Year ended March 31, 2026

## 1. Significant accounting policies (continued):

### (i) Financial instruments (continued):

All financial assets are assessed for impairment on an annual basis. Where a decline in fair value is determined to be other than temporary, the amount of the loss is recognized in the statement of operations and any unrealized gain is adjusted through the statement of remeasurement gains and losses. On sale, remeasurement gains and losses associated with that instrument are reversed and recognized in the statement of operations. A statement of remeasurement gains and losses has not been included as there are no matters to report therein.

## 2. Restricted cash:

The Hospital maintains restricted cash as approved by the Board of Directors. These internally restricted amounts are set aside to support future capital redevelopment and are not available for other purposes without approval by the Board of Directors.

## 3. Accounts receivable:

	2026	2025
Insurers and patients	\$ 2,123,513	\$ 2,203,094
Ministry of Health	3,316,190	3,032,130
Other	1,082,846	2,276,009
	6,522,549	7,511,233
Allowance for doubtful accounts	(434,779)	(392,211)
	\$ 6,087,770	\$ 7,119,022

## 4. Related party transactions:

### (a) Huntsville District Memorial Hospital Foundation:

The Hospital has an economic interest in the Huntsville District Memorial Hospital Foundation ("HDMHF") in that HDMHF solicits funds on behalf of the Hospital to be used for approved capital projects. The contributions during the year amounted to \$5,671,941 (2025 – \$3,826,946) relating to the current year's campaigns and previous fiscal year commitments.

# MUSKOKA ALGONQUIN HEALTHCARE

Notes to Financial Statements (continued)

Year ended March 31, 2026

## 4. Related party transactions (continued):

### (b) South Muskoka Hospital Foundation:

The Hospital has an economic interest in the South Muskoka Hospital Foundation ("SMHF") in that SMHF solicits funds on behalf of the Hospital and other organizations in the community with similar objectives. The contributions during the year amounted to \$2,000,000 (2025 - \$250,000) relating to the current year's campaign and previous fiscal year commitments.

### (c) Due from related parties:

	2026	2025
Huntsville District Memorial Hospital Foundation	\$ 934,745	\$ 2,024,183
South Muskoka Hospital Foundation	1,006,755	9,633
	<u>\$ 1,941,500</u>	<u>\$ 2,033,816</u>

## 5. Capital assets:

2026	Cost	Accumulated amortization	Net book value
Land	\$ 669,783	\$ —	\$ 669,783
Land improvements	538,228	526,135	12,093
Buildings	77,112,026	42,251,631	34,860,395
Equipment	89,647,015	67,346,891	22,300,124
	<u>\$ 167,967,052</u>	<u>\$ 110,124,657</u>	<u>\$ 57,842,395</u>

2025	Cost	Accumulated amortization	Net book value
Land	\$ 669,783	\$ —	\$ 669,783
Land improvements	538,228	523,112	15,116
Buildings	75,906,367	40,230,353	35,676,014
Equipment	80,803,843	63,170,630	17,633,213
	<u>\$ 157,918,221</u>	<u>\$ 103,924,095</u>	<u>\$ 53,994,126</u>

# MUSKOKA ALGONQUIN HEALTHCARE

Notes to Financial Statements (continued)

Year ended March 31, 2026

## 6. Short-term demand loans:

The Hospital has an unutilized demand operating line of credit authorized to a maximum of \$7,500,000, which bears interest at a rate of prime plus 0.50%. The line of credit is secured by a general security agreement. As of March 31, 2026, there was \$Nil drawn on this line of credit (2025 – \$Nil).

## 7. Accounts payable and accrued liabilities:

	2026	2025
Ministry of Health	\$ 3,457,437	\$ 3,480,135
Trade payables	6,767,233	7,768,662
Accrued wages and benefits	14,612,517	11,355,387
	<u>\$ 24,837,187</u>	<u>\$ 22,604,184</u>

## 8. Deferred contributions:

Deferred contributions represent unspent funding externally restricted for specific programs received in the current and/or prior periods that are related to a subsequent period.

	2026	2025
Balance, beginning of year	\$ 601,279	\$ 674,197
Add: contributions received	72,919	–
Less: amounts recognized	(6,012)	(72,918)
Balance, end of year	<u>\$ 668,186</u>	<u>\$ 601,279</u>

# MUSKOKA ALGONQUIN HEALTHCARE

Notes to Financial Statements (continued)

Year ended March 31, 2026

## 9. Asset retirement obligation:

The Hospital has accrued for asset retirement obligations related to the legal requirement for the removal or remediation of asbestos-containing materials in certain facilities owned by the Hospital. The obligation is determined based on the estimated undiscounted cash flows that will be required in the future to remove or remediate the asbestos containing material in accordance with current legislation.

The change in the estimated obligation during the year consists of the following:

	2026	2025
Balance, beginning of year	\$ 267,458	\$ 267,458
Add: accretion expense	41,505	–
Balance, end of year	\$ 308,963	\$ 267,458

## 10. Long-term obligations:

Included in this balance are amounts owing for various pay equity and other labour settlements beyond the next fiscal year.

## 11. Employee post-retirement benefits:

The Hospital sponsors a post-retirement defined benefit plan for medical, life insurance and dental benefits for employees with various cost-sharing arrangements as determined by their collective agreements and conditions of employment. The most recent valuation of the employee future benefits was completed as at March 31, 2024.

The accrued benefit obligation is recorded in the financial statements as follows:

	2026	2025
Balance, beginning of year	\$ 2,972,500	\$ 2,861,700
Add: benefit costs	451,000	448,500
	3,423,500	3,310,200
Less: benefit contributions	(317,800)	(337,700)
Balance, end of year	\$ 3,105,700	\$ 2,972,500

# MUSKOKA ALGONQUIN HEALTHCARE

Notes to Financial Statements (continued)

Year ended March 31, 2026

## 11. Employee post-retirement benefits (continued):

Similar to most post-employment benefit plans (other than pension) in Canada, the Hospital's plan is not pre-funded, resulting in the plan deficit equal to the accrued benefit obligation.

The significant actuarial assumptions adopted in measuring the Hospital's accrued benefit obligation are as follows:

	2026	2025
Discount rate	3.88%	3.89%
Initial health care cost trend rate	5.97%	5.97%
Initial dental care cost trend rate	5.00%	5.00%
Health care cost trend rate decreasing to	3.57%	3.57%
Dental care cost trend rate decreasing to	3.57%	3.57%

Included in compensation and benefits on the statement of operations, is an amount of \$133,200 (2025 – \$110,800) regarding employee future benefits and is comprised of:

	2026	2025
Current service cost	\$ 231,100	\$ 220,200
Interest cost	141,500	141,100
Amortization of actuarial losses	78,400	87,200
	451,000	448,500
Less: payments made	(317,800)	(337,700)
	\$ 133,200	\$ 110,800

# MUSKOKA ALGONQUIN HEALTHCARE

Notes to Financial Statements (continued)

Year ended March 31, 2026

## 12. Deferred contributions related to capital assets:

Deferred contributions related to capital assets represent the unamortized or unspent balances of donations and grants received for capital asset acquisitions. The amortization of capital contributions is recorded as revenue in the statement of operations.

	2026	2025
Balance, beginning of year	\$ 52,060,041	\$ 50,883,559
Less amount amortized to revenue	(5,527,199)	(5,652,242)
Add contributions received:		
Ministry of Health	1,201,009	2,439,340
Foundations	7,671,941	4,076,946
Hospital Auxiliary and other	52,608	312,438
	8,925,558	6,828,724
Balance, end of year	\$ 55,458,400	\$ 52,060,041

	2026	2025
Unamortized	\$ 53,755,275	\$ 50,360,455
Unspent:		
Capital projects	1,703,125	1,699,586
	\$ 55,458,400	\$ 52,060,041

## 13. Pension plan:

Substantially all of the full-time employees of the Hospital are members of the Healthcare of Ontario Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees of the participating members of the Ontario Hospital Association. Contributions to the Plan made during the year by the Hospital on behalf of its employees amounted to \$5,545,107 (2025 – \$5,069,243) and are included in the employee benefits in the consolidated statement of operations.

Pension expense is based on Plan management's best estimates, in consultation with its actuaries, of the amount, required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for employer contributions to the Plan to remain a constant percentage of employees' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The Plan's 2025 Annual Report indicates the plan is fully funded at 109%.

# MUSKOKA ALGONQUIN HEALTHCARE

Notes to Financial Statements (continued)

Year ended March 31, 2026

## 14. Other revenue:

	2026	2025
Wages and material recoveries	\$ 2,813,126	\$ 2,715,273
Independent Health Facility funding	2,758,600	2,556,580
Laundry recoveries	869,182	886,801
Parking fees	821,909	564,363
Interest income	478,208	999,181
Differential and co-payment fees	222,370	459,505
Other	95,110	97,489
Rental income	14,779	14,778
	<u>\$ 8,073,284</u>	<u>\$ 8,293,970</u>

## 15. Other programs:

During the year, the Hospital recognized revenue and expenses of \$1,865,714 related to the Hospital to Home program. The Hospital contracts the delivery of this program through other community partners.

## 16. Contingencies:

### (a) Legal matters and litigation:

The nature of the Hospital's activities is such that there is usually litigation pending or in process at any given time. With respect to claims at March 31, 2026, management believes the Hospital has valid defences and appropriate insurance coverage in place. In the event any claims are successful, management believes that such claims are not expected to have a material effect on the Hospital's financial position.

### (b) HealthCare Insurance Reciprocal of Canada:

The Hospital is a member of the HealthCare Insurance Reciprocal of Canada ("HIROC"). HIROC is a pooling of the liability insurance risk of its members. All members pay annual deposit premiums which are actuarially determined and are subject to further assessment for losses, if any, experienced by the pool for the years in which they are members. As at March 31, 2026, no assessments have been received by the Hospital.

### (c) Employment matters:

During the normal course of business, the Hospital is involved in certain employment related negotiations and has recorded accruals based on management's estimate of potential settlement amounts where these amounts are reasonably determinable.

# MUSKOKA ALGONQUIN HEALTHCARE

Notes to Financial Statements (continued)

Year ended March 31, 2026

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## 17. Financial risks and concentration of risk:

### (a) Credit risk:

Credit risk refers to the risk that a counterparty may default on its contractual obligations resulting in a financial loss. The Hospital is exposed to credit risk with respect to accounts receivable.

The Hospital assesses, on a continuous basis, accounts receivable and provides for any amounts that are not collectible in the allowance for doubtful accounts. The maximum exposure to credit risk of the Hospital at March 31, 2026 is the carrying value of these assets.

Management considers credit risk to be minimal as most of the accounts receivable balance is collected in a timely fashion.

There have been no significant changes to the credit risk exposure from 2025.

### (b) Liquidity risk:

Liquidity risk is the risk that the Hospital will be unable to fulfill its obligations on a timely basis or at a reasonable cost. The Hospital manages its liquidity risk by monitoring its operating requirements. The Hospital prepares budgets and cash forecasts to ensure it has sufficient funds to fulfill its obligations.

Accounts payable and accrued liabilities are generally due within 60 days of receipt of an invoice.

The Hospital has reported a financial deficit in the current year, with an associated impact on working capital and cash flow.

Management has identified several factors that have contributed to these pressures including, but not limited to, financial pressures resulting from patient volumes and acuity, the impact of recent wage settlements, operating costs associated with investments in information technology and cybersecurity, costs associated with the replenishment of critical equipment and inflationary pressures.

The Hospital continues to identify and consider opportunities to address these financial challenges.

## 18. Comparative information:

Certain comparative information has been reclassified to conform with the financial statement presentation adopted in the current year.

**CREDENTIALLED STAFF BY-LAW**

**of**

**MUSKOKA ALGONQUIN HEALTHCARE**

**Approved June XX, 2026**

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# MUSKOKA ALGONQUIN HEALTHCARE

## CREDENTIALLED STAFF BY-LAW

**BE IT ENACTED** as a by-law of the Corporation as follows:

### **Article 1 Interpretation**

#### **1.1 Definitions**

In this By-law:

- (a) “**Board**” means the board of directors of the Corporation;
- (b) “**business day**” means a day other than a Saturday, Sunday, or a statutory holiday in Ontario;
- (c) “**By-law**” means this Credentialed Staff By-law;
- (d) “**Chief Nursing Executive**” means the senior nurse employed by the Corporation who reports directly to the President and Chief Executive Officer and is responsible for nursing services provided in the Corporation;
- (e) “**Chief of Department**” means the Credentialed Staff member appointed by the Board to serve as such in accordance with this By-law;
- (f) “**Chief of Staff**” means the Medical Staff member appointed by the Board to serve as such in accordance with the *Public Hospitals Act* and this By-law;
- (g) “**College**” means, as the case may be, the College of Physicians and Surgeons of Ontario, the Royal College of Dental Surgeons of Ontario, the College of Nurses of Ontario, and/or the College of Midwives of Ontario;
- (h) “**Corporation**” means Muskoka Algonquin Healthcare;
- (i) “**Credentialed Staff**” means those Physicians, Dentists, Midwives, and Registered Nurses in the Extended Class, who are appointed by the Board and granted privileges to practice their profession in one or more Hospitals;
- (j) “**Credentialed Staff Association**” means the association that is comprised of the Credentialed Staff members of the Corporation;
- (k) (k) “**Credentialed Staff Association Officer**” means the president, vice-president and the secretary-treasurer of the Credentialed Staff Association, who are elected by the Credentialed Staff Association in accordance with Section 11.1(c) of this By-law;

- (l) “**Credentialed Staff Human Resources Plan**” means the plan that provides information and future projections on the management and appointment of the Credentialed Staff based on the mission and strategic plan of the Corporation;
- (m) “**Credentials Committee**” means a subcommittee of the Medical Advisory Committee established by the Medical Advisory Committee and tasked with reviewing applications for appointment and reappointment to the Credentialed Staff, and applications for a change in privileges, and making recommendations to the Medical Advisory Committee on these matters, and if no such subcommittee is established it means the Medical Advisory Committee;
- (n) “**day**”, unless otherwise specified as a business day, means a calendar day;
- (o) “**Dental Staff**” means:
  - (i) oral and maxillofacial surgeons to whom the Board has granted the privilege of diagnosing, prescribing for, or treating patients in a Hospital; and
  - (ii) Dentists to whom the Board has granted the privilege of attending to patients in a Hospital;
- (p) “**Dentist**” means a dental practitioner in good standing with the Royal College of Dental Surgeons of Ontario;
- (q) “**Department**” means an organizational unit of the Credentialed Staff to which members with a similar field of practice have been assigned;
- (r) “**Director**” means an individual elected or appointed to the Board;
- (s) “**Division**” means an organizational unit of a Department;
- (t) “***Excellent Care for All Act***” means the *Excellent Care for All Act, 2010* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time;
- (u) “***ex-officio***” means membership “by virtue of the office” and includes all rights, responsibilities, and powers to vote, unless otherwise specified;
- (v) “**Extended Class Nursing Staff**” means those Registered Nurses in the Extended Class who are:
  - (i) employed by the Corporation and authorized to diagnose, prescribe for, or treat Patients in a Hospital; and
  - (ii) not employed by the Corporation and to whom the Board has granted privileges to diagnose, prescribe for, or treat Patients in a Hospital;

- (w) “**Head of Division**” means the Credentialed Staff member appointed to be in charge of a Division;
- (x) “**Hospital**” means a public hospital operated by the Corporation;
- (y) “**Hospital Site(s)**” means any one or more of the premises upon which the Corporation provides healthcare services, including the Huntsville District Memorial Hospital site and the South Muskoka Memorial Hospital site;
- (z) “**Human Rights Code**” means the *Human Rights Code* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time;
- (aa) “**Impact Analysis**” means a study conducted by the President and Chief Executive Officer in consultation with the Chief of Staff and Chiefs of Department to determine the impact upon the resources of the Corporation of a proposed appointment of an applicant to the Credentialed Staff or an application by a Credentialed Staff member for additional privileges or a change in membership category;
- (bb) “**Lead Midwife**” means the senior midwife who is responsible for midwifery services provided in the Corporation;
- (cc) “**MAHC**” means Muskoka Algonquin Healthcare;
- (dd) “**Medical Advisory Committee**” means the committee established under Article 9;
- (ee) “**Medical Staff**” means those Physicians appointed by the Board and granted privileges to practice medicine in a Hospital;
- (ff) “**Midwife**” means a midwife in good standing with the College of Midwives of Ontario;
- (gg) “**Midwifery Staff**” means those Midwives appointed by the Board and granted privileges to practice midwifery in a Hospital;
- (hh) “**Patient**” means any in-patient or outpatient of a Hospital;
- (ii) “**Personal Health Information Protection Act**” means the *Personal Health Information Protection Act, 2004* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time;
- (jj) “**Physician**” means a medical practitioner in good standing with the College of Physicians and Surgeons of Ontario;

- (kk) “**Policies**” means the Corporation’s administrative, human resources, clinical, privacy, and professional policies, including those adopted by the Board or the Medical Advisory Committee under Article 2;
- (ll) “**President and Chief Executive Officer**” means the President and Chief Executive Officer of the Corporation, who is the ‘administrator’ for the purposes of the *Public Hospitals Act*;
- (mm) “**Public Hospitals Act**” means the *Public Hospitals Act* (Ontario) and, where the context requires, includes the regulations made under it, and any statute that may be substituted for it, as amended from time to time; and
- (nn) “**Registered Nurse in the Extended Class**” means a member in good standing with the College of Nurses of Ontario, who is a registered nurse and holds an extended certificate of registration under the *Nursing Act, 1991*.

## 1.2 Interpretation

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

## 1.3 Delegation of Duties

Each of the President and Chief Executive Officer, Chief of Staff, Chief of a Department, or Head of a Division may delegate the performance of any of the duties assigned to them under this By-law to others; however, they shall each remain responsible for the performance of their respective duties.

## 1.4 Consultation with Credentialed Staff

Where the Board or Medical Advisory Committee is required to consult with the Credentialed Staff under this By-law, it shall be sufficient for the Board or Medical Advisory Committee to receive and consider the input of the Credentialed Staff Association Officers named in Section 11.1(b).

## Article 2 Policies

### 2.1 Policies

- (a) The Board, after consulting with the Credentialed Staff and considering the recommendation of the Medical Advisory Committee, may make Policies as it deems necessary applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff.

- (b) The Medical Advisory Committee, after consulting with the Credentialed Staff, may make Policies applicable to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff that are consistent with this By-law and the Board-approved Policies.
- (c) A Chief of Department may adopt policies and procedures applicable to the Credentialed Staff of the Department, after consulting with the Credentialed Staff of that Department where the Chief of Department considers such consultation appropriate, including policies and procedures that are consistent with, and support the implementation of, the Policies.
- (d) The President and Chief Executive Officer and their delegates may make Policies of general application that also apply to the Medical Staff, Dental Staff, Midwifery Staff, and Extended Class Nursing Staff.

### **Article 3**

#### **Appointment and Reappointment to Credentialed Staff**

##### **3.1 Appointment and Revocation**

- (a) The Board, after considering the recommendations of the Medical Advisory Committee, shall appoint annually a Medical Staff, and may appoint a Dental Staff, Midwifery Staff, and the non-employed members of the Extended Class Nursing Staff, and shall grant such privileges as it deems appropriate to each Credentialed Staff member so appointed.
- (b) The Board shall, generally, grant privileges that are for both Hospital Sites, but may grant privileges which are specific to one or more Hospital Site(s) as it deems appropriate.
- (c) All applications for appointment and reappointment to the Credentialed Staff shall be processed in accordance with the provisions of this By-law and the *Public Hospitals Act*.
- (d) The Board may, at any time, make or revoke any appointment to the Credentialed Staff, refuse to reappoint a Credentialed Staff member, or restrict or suspend the privileges of any Credentialed Staff member, in accordance with the provisions of this By-law and the *Public Hospitals Act*.

##### **3.2 Term of Appointment**

- (a) Subject to Section 3.2(b), each appointment to the Credentialed Staff shall be for a term of up to one (1) year.
- (b) Where a Credentialed Staff member has applied for reappointment within the time prescribed by the Medical Advisory Committee, the current appointment shall continue:

- (i) unless Section 3.3(b)(ii) applies, until the Board grants or does not grant the reappointment; or
- (ii) in the case of a Medical Staff member and where the Board does not grant the reappointment and there is a right of appeal to the Health Professions Appeal and Review Board, until the time for giving notice of a hearing by the Health Professions Appeal and Review Board has expired or, where a hearing is required, until the decision of the Health Professions Appeal and Review Board has become final.

### **3.3 Qualifications and Criteria for Appointment**

- (a) Only an applicant who meets the qualifications and satisfies the criteria set out in this By-law and who is licensed pursuant to the laws of Ontario is eligible to be a member of, and appointed to, the Credentialed Staff.
- (b) The applicant shall have:
  - (i) a certificate of registration, and a certificate of professional conduct or letter of good standing, from the relevant College, or the equivalent certificate(s), from their most recent licensing body;
  - (ii) current membership in the Canadian Medical Protective Association or professional practice liability coverage appropriate to the scope and nature of the intended practice;
  - (iii) adequate training and experience for the privileges requested;
  - (iv) maintained the level of continuing professional education required by the relevant College or licensing body;
  - (v) up to date inoculations, screenings, and tests as may be required by the occupational health and safety policies and practices of the Corporation, the *Public Hospitals Act*, or other legislation;
  - (vi) a demonstrated ability to:
    - (1) provide patient care at an appropriate level of quality and efficiency;
    - (2) meet an appropriate standard of ethical conduct and behaviour;
    - (3) work and communicate with, and relate to, others in a co-operative, collegial, and professional manner;
    - (4) communicate with, and relate appropriately to, patients and patients' relatives and/or substitute decision makers;

- (vii) demonstrated adequate control of any significant physical or behavioural impairment affecting skill, attitude, or judgment that might impact negatively on patient care or the operations of the Corporation;
  - (viii) a willingness to participate in staff, committee, and, if applicable, teaching responsibilities, and other duties appropriate to staff category; and
  - (ix) a report on, among other things, the experience, competence, and reputation of the applicant from the Chief of Staff or Chief of Department in the hospital(s) in which the applicant trained or held an appointment.
- (c) All applicants must agree to govern themselves in accordance with the requirements set out in this By-law, the Corporation's mission, vision, and values, and the Policies.
  - (d) All new appointments shall be contingent upon an Impact Analysis demonstrating that the Corporation has the resources to accommodate the applicant and that the applicant meets the needs of the respective Department as described in the Credentialed Staff Human Resources Plan.
  - (e) In addition to any other provisions of this By-law, including the qualifications set out in Sections 3.3(b); 3.3(c), and 3.3(d), the Board may refuse to appoint any applicant to the Credentialed Staff on any of the following grounds:
  - (f) the appointment is not consistent with the need for service, as determined by the Board;
    - (i) the Credentialed Staff Human Resources Plan and/or the Impact Analysis does not demonstrate sufficient resources to accommodate the applicant; or
    - (ii) the appointment is not consistent with the mission and strategic plan of the Corporation.

### **3.4 Application for Appointment**

- (a) The President and Chief Executive Officer shall supply a copy of, or information on how to access, a form of the application, and the mission, vision, values, and strategic plan of the Corporation, this By-law, and appropriate Policies, to each Physician, Dentist, Midwife, or Registered Nurse in the Extended Class, who expresses in writing an intention to apply for appointment to the Credentialed Staff.
- (b) An applicant for appointment to the Credentialed Staff shall submit to the President and Chief Executive Officer and the Chief of Staff one (1) original application in the prescribed form, together with signed consents, to enable the Corporation to make inquiries of the relevant College and other hospitals, institutions, and facilities where the applicant has previously provided professional services or received professional training to allow the Corporation to fully investigate the qualifications and suitability of the applicant.

- (c) An applicant may be required to visit the Corporation for an interview with one or more of the Chief of Staff, the President and Chief Executive Officer, a Chief of Department, appropriate Credentialed Staff members, and other Hospital staff and executives as required.
- (d) The Board shall approve any material change to the prescribed form of application for appointment, reappointment, and change in privileges after receiving the recommendation of the Medical Advisory Committee.

### **3.5 Procedure for Processing Applications for Appointment**

- (a) Upon receipt of a complete application, the President and Chief Executive Officer and the Chief of Staff shall retain a copy of the application and shall refer the original application forthwith 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, with a copy to the relevant Chief of Department.
- (b) The Chief of Department and the Credentials Committee shall:
  - (i) review all materials in the application and ensure all required information has been provided;
  - (ii) investigate the qualifications, experience, professional reputation, and competence of the applicant and consider if the criteria required by this By-law are met; and
  - (iii) submit a report of its assessment and recommendations to the Medical Advisory Committee at its next regular meeting, together with a recommendation that the application is acceptable, not acceptable, or is deferred for further investigation. In the case of a recommendation for acceptance, the Credentials Committee shall indicate the privileges that it recommends the applicant be granted.
- (c) The Medical Advisory Committee shall:
  - (i) receive and consider the report and recommendations of the Chief of Department and Credentials Committee;
  - (ii) review the application with reference to the Credentialed Staff Human Resources Plan and Impact Analysis; and
  - (iii) send, within sixty (60) days of the date of receipt by the President and Chief Executive Officer and the Chief of Staff of a complete application, written notice of its recommendation to the Board and to the applicant, in accordance with the *Public Hospitals Act*.

- (d) The Medical Advisory Committee may make its recommendation later than sixty (60) days after receipt of a complete application, provided that, within the sixty (60) day period, it advises the applicant and the Board in writing that a final recommendation cannot be made within the sixty (60) day period and gives written reasons for it.
- (e) Where the Medical Advisory Committee recommends the appointment, it shall specify the category of appointment and the specific privileges it recommends the applicant be granted.
- (f) Where the Medical Advisory Committee does not recommend appointment or where the recommended appointment or privileges differ from those requested, the Medical Advisory Committee shall inform the applicant that they are entitled to:
  - (i) written reasons for the recommendation, if the Medical Advisory Committee receives a written request for the reasons from the applicant within seven (7) days of the applicant's receipt of notice of the recommendation; and
  - (ii) a Board hearing, if the Board and the Medical Advisory Committee receive a written request for a Board hearing from the applicant within seven (7) days of the applicant's receipt of the written reasons referred to in Section 3.5(f)(i).
- (g) Where the applicant does not request a Board hearing, the Board may implement the recommendation of the Medical Advisory Committee.
- (h) Where the applicant requests a Board hearing, it shall be dealt with in accordance with the applicable provisions of the *Public Hospitals Act* and Article 6.
- (i) The Board shall consider the Medical Advisory Committee recommendations within the timeframe specified by the *Public Hospitals Act*.
- (j) The Board, in determining whether to make any appointment or reappointment to the Credentialed Staff or approve any request for a change in privileges, shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant, including the Credentialed Staff Human Resources Plan, Impact Analysis, strategic plan, and the Corporation's ability to operate within its resources.

### **3.6 Temporary Appointment**

- (a) For the purpose of this section, the terms Physicians, Dentists, and Midwives include medical, dental and midwifery practitioners who are registered and in good standing with a licensing body in another jurisdiction that is the equivalent to the relevant Ontario College, and who are legally entitled to practice medicine, dentistry or midwifery, as applicable, in Ontario;

- (b) Notwithstanding any other provision of this By-law, the President and Chief Executive Officer or the Chief of Staff, after consulting with one another, may:
  - (i) grant a temporary appointment and temporary privileges to a Physician, Dentist, Midwife, or Registered Nurse in the Extended Class, provided that the appointment shall not extend beyond the date of the next Medical Advisory Committee meeting at which time the action taken shall be reported; and
  - (ii) continue a temporary appointment and temporary privileges on the recommendation of the Medical Advisory Committee until the next Board meeting.
- (c) A temporary appointment may be made for any reason, including:
  - (i) to meet a specific singular requirement by providing a consultation and/or operative procedure; or
  - (ii) to meet an urgent unexpected need for a medical, dental, midwifery, or extended class nursing service.
- (d) The Board may, after receiving the recommendation of the Medical Advisory Committee, continue a temporary appointment granted under Section 3.6(a) for such period of time and on such terms as the Board determines.
- (e) If the term of the temporary appointment has been completed before the next Board meeting, the appointment shall be reported to the Board.
- (f) The temporary appointment shall specify the category of appointment and any limitations, restrictions, or special requirements.

### **3.7 Reappointment**

- (a) Each year, each Credentialed Staff member desiring reappointment to the Credentialed Staff shall make a written application for reappointment on the prescribed form through the President and Chief Executive Officer and the Chief of Staff to the Board before the date specified by the Medical Advisory Committee.
- (b) Each application for reappointment to the Credentialed Staff shall contain the following information:
  - (i) a restatement or confirmation of the undertakings and acknowledgements required as part of an application for appointment or as required by the Policies;
  - (ii) either:

- (1) a declaration that all information on file at the Corporation from the applicant's most recent application is up to date, accurate, and unamended as of the date of the current application; or
- (2) a description of all material changes to the information on file at the Corporation since the applicant's most recent application, including:
  - a. the commencement of any:
    - i. College investigation or proceeding or an investigation or proceeding of any other regulatory college of a health profession;
    - ii. investigation or proceeding before the Information and Privacy Commissioner of Ontario or other privacy regulator; or
    - iii. investigation by another hospital, health facility or employer into allegations of professional misconduct, incompetence, or incapacity;
  - b. any caution, education, remediation or discipline imposed or finding of misconduct, incompetence or incapacity made by a College or any other regulatory college of a health profession;
  - c. any change in the member's license to practice made by a College or any other regulatory college of a health profession, or any change in professional practice liability coverage;
  - d. any finding of professional negligence;
  - e. any restriction, suspension, or revocation of privileges at another hospital, or any relinquishment or resignation of hospital privileges related to or taking place in the course of an investigation into allegations of professional misconduct, incompetence, or incapacity; and
  - f. an updated curriculum vitae with any additional professional qualifications acquired by the applicant since the previous application;
- (iii) the category of appointment requested and a request for either the continuation of, or any change in, existing privileges;
- (iv) if requested, a current certificate of professional conduct or equivalent from the relevant College;

- (v) confirmation that the member has complied with the disclosure duties set out in Section 6.9(a)(v); and
  - (vi) such other information that the Board may require, respecting competence, capacity, and conduct, after considering the recommendation of the Medical Advisory Committee.
- (c) The relevant Chief(s) of Department shall review and make recommendations concerning each application for reappointment within that Department to the Medical Advisory Committee in accordance with a Board-approved performance evaluation process.
  - (d) In the case of any application for reappointment in which the applicant requests additional privileges, each application for reappointment shall identify any required professional qualifications and confirm that the applicant holds such qualifications.
  - (e) Applications for reappointment shall be dealt with in accordance with the *Public Hospitals Act* and Section 3.5 of this By-law.

### **3.8 Qualifications and Criteria for Reappointment to the Credentialed Staff**

- (a) To be eligible for reappointment, the applicant shall:
  - (i) continue to meet the qualifications and criteria set out in Section 3.3;
  - (ii) have conducted themselves in compliance with this By-law, and the Corporation's values, and Policies; and
  - (iii) have demonstrated appropriate use of Corporation resources in accordance with the Credentialed Staff Human Resources Plan and the Policies.

### **3.9 Application for Change of Privileges**

- (a) Each Credentialed Staff member who wishes to change their privileges shall submit to the President and Chief Executive Officer and the Chief of Staff an application on the prescribed form listing the change of privileges requested, and provide evidence of appropriate training and competence and such other matters as the Board may require.
- (b) The President and Chief Executive Officer shall retain a copy of each application received and shall refer the original application forthwith to the Medical Advisory Committee through the Chief of Staff, who shall then keep a record of each application received and refer the original application forthwith to the chair of the Credentials Committee, with a copy to the relevant Chief of Department.
- (c) The Credentials Committee shall investigate the applicant's professional competence, verify their qualifications for the privileges requested, receive the report of the relevant Chief(s) of Department, and prepare and submit a report of

its findings to the Medical Advisory Committee at its next regular meeting. The report shall contain a list of privileges, if any, that it recommends that the applicant be granted.

- (d) The application shall be processed in accordance with the requirements of Sections 3.8 and Sections 3.5(c) to 3.5(j) of this By-law.

### **3.10 Leave of Absence**

- (a) Upon request of a Credentialed Staff member to the relevant Chief of Department, the Chief of Staff may grant a leave of absence after receiving the recommendation of the Medical Advisory Committee:
  - (i) in the event of extended illness or disability of the member, or
  - (ii) in other circumstances acceptable to the Board, upon recommendation of the Chief of Staff.

A leave of absence granted shall not extend beyond twelve (12) months unless the Chief of Staff determines that rare and exceptional circumstances warrant such an extension.

- (b) After returning from a leave of absence granted in accordance with Section 3.10(a), the Credentialed Staff member may be required to produce a medical certificate of fitness from a physician acceptable to the Chief of Staff. The Chief of Staff may impose such conditions on the privileges granted to the member as appropriate.
- (c) Following a leave of absence of longer than twelve (12) months, a Credentialed Staff member shall be required to make a new application for appointment to the Credentialed Staff in the manner and subject to the criteria set out in this By-law.

### **3.11 Resignation**

A Credentialed Staff member wishing to resign or retire from active practice shall, no less than ninety (90) days before the effective date of resignation or retirement, submit a written notice to the Chief of Staff, who shall notify the relevant Chief(s) of Department, the President and Chief Executive Officer, the Board and the Medical Advisory Committee.

## **Article 4 Monitoring, Suspension and Revocation**

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

- (a) The Chief of Staff or relevant Chief of Department may review any aspect of Patient care or Credentialed Staff conduct in the Corporation without the consent of the Credentialed Staff member responsible for the care or conduct. Where the care or conduct involves an Extended Class Nursing Staff member, the Chief

Nursing Executive may also review the care or conduct. Where the care or conduct involves a Midwife, the Lead Midwife may also review the care or conduct.

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

detailed written report to the President and Chief Executive Officer and the Board of the problem and the action taken.

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

- (a) The Board may, at any time, in a manner consistent with the *Public Hospitals Act* and this By-law, revoke any appointment of a Credentialed Staff member, or restrict or suspend the privileges of a Credentialed Staff member.
- (b) Any administrative or leadership appointment of the Credentialed Staff member shall automatically terminate upon the revocation of appointment, or restriction or suspension of privileges, unless otherwise determined by the Board.
- (c) The President and Chief Executive Officer, in consultation with the Chief of Staff, shall prepare and forward a detailed written report to the relevant College as soon as possible and no later than thirty (30) days after the event, where:
  - (i) by reason of incompetence, negligence, or misconduct, a Credentialed Staff member's:
    - (1) application for appointment or reappointment is denied;
    - (2) appointment is revoked; or
    - (3) privileges are restricted or suspended; or
  - (ii) a Credentialed Staff member resigns from the Credentialed Staff during the course of or has restrictions imposed on their practice as a result of an investigation into their competence, negligence, or misconduct.
- (d) If a written report is made to a College because:
  - (i) the Credentialed Staff member's privileges are revoked, suspended or restricted as a result of an unauthorized collection, use, disclosure, retention, or disposal of personal health information; or
  - (ii) the Credentialed Staff member relinquishes or voluntarily restricts their privileges in relation to an investigation with respect to unauthorized collection, use, disclosure, retention, or disposal of personal health information,

the President and Chief Executive Officer shall also prepare and forward a written report to the Information and Privacy Commissioner of Ontario.

#### **4.3 Immediate Action**

- (a) The President and Chief Executive Officer, the Chief of Staff, or a Chief of Department may temporarily restrict or suspend the privileges of any Credentialed

Staff member, in circumstances where in their opinion the member's conduct, performance, or competence:

- (i) exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury; or
  - (ii) is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Corporation, and immediate action must be taken to protect Patients, healthcare providers, employees, and any other individuals at the Corporation from harm or injury.
- (b) Before the President and Chief Executive Officer, Chief of Staff, or Chief of Department takes action authorized in Section 4.3(a), they shall first consult with one of the other of them. If prior consultation is not possible or practicable under the circumstances, the individual who takes the action shall immediately provide notice to the others. The individual who takes the action shall forthwith submit a written report on the action taken with all relevant materials and information to the Medical Advisory Committee.

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

- (a) The President and Chief Executive Officer, Chief of Staff, or Chief of Department may recommend to the Medical Advisory Committee that the appointment of any Credentialed Staff member be revoked or that their privileges be restricted or suspended in any circumstances where in their opinion the Credentialed Staff member's conduct, performance, or competence:
- (i) fails to meet or comply with the criteria for annual reappointment;
  - (ii) exposes or is reasonably likely to expose any Patient, healthcare provider, employee, or any other individual at the Corporation to harm or injury;
  - (iii) is or is reasonably likely to be detrimental to Patient safety or to the delivery of quality Patient care within the Corporation or impact negatively on the operations of the Corporation; or
  - (iv) fails to comply with the Corporation's by-laws or Policies, the *Public Hospitals Act*, the *Personal Health Information Protection Act*, or any other relevant law.
- (b) Before making a recommendation under Section 4.4(a), an investigation may be conducted. Where an investigation is conducted, it may be assigned to an individual or committee within the Corporation other than the Medical Advisory Committee or an external consultant.

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

- (a) Following the temporary restriction or suspension of privileges under Section 4.3, or the recommendation to the Medical Advisory Committee for the restriction or suspension of privileges or the revocation of an appointment of a Credentialed Staff member under Section 4.4, the following process shall be followed:
  - (i) the Chief of Department of which the individual is a member or an appropriate alternate designated by the Chief of Staff or President and Chief Executive Officer shall forthwith submit to the Medical Advisory Committee a written report on the action taken, or recommendation made, as the case may be, with all relevant materials and information;
  - (ii) a date for consideration of the matter shall be set within fourteen (14) days from the time the written report is received by the Medical Advisory Committee;
  - (iii) as soon as possible and in any event at least seven (7) days before the Medical Advisory Committee meeting, the Medical Advisory Committee shall provide the member with a written notice of:
    - (1) the time, date, and place of the meeting;
    - (2) the purpose of the meeting; and
    - (3) a statement of the matter to be considered by the Medical Advisory Committee together with any relevant documentation.
- (b) The date for the Medical Advisory Committee to consider the matter under Section 4.5(a)(ii) may be extended by:
  - (i) an additional seven (7) days in the case of a referral under Section 4.3; or
  - (ii) any number of days in the case of a referral under Section 4.4,if the Medical Advisory Committee considers it necessary to do so.
- (c) The Medical Advisory Committee may:
  - (i) set aside the restriction or suspension of privileges; or
  - (ii) recommend to the Board a revocation of the appointment, or a restriction or suspension of privileges on such terms as it deems appropriate.

Notwithstanding the above, the Medical Advisory Committee may also refer the matter to a subcommittee of the Medical Advisory Committee.

- (d) If the Medical Advisory Committee recommends the continuation of the restriction or suspension of privileges or a revocation of appointment and/or makes further

recommendations on the matters considered at its meeting, the Medical Advisory Committee shall, within twenty four (24) hours of the Medical Advisory Committee meeting, provide the member with written notice of the Medical Advisory Committee's recommendation.

- (e) The written notice shall inform the member that they are entitled to:
  - (i) written reasons for the recommendation if a request is received by the Medical Advisory Committee within seven (7) days of the member's receipt of the notice of the recommendation; and
  - (ii) a Board hearing if a written request is received by the Board and the Medical Advisory Committee within seven (7) days of the member's receipt of the written reasons requested.
- (f) If the member requests written reasons for the recommendation under Section 4.5(e)(i), the Medical Advisory Committee shall provide the written reasons to the member as soon as practicable but in any event within seven (7) days of receipt of the request.

## **Article 5 Board Hearing**

### **5.1 Board Hearing**

- (a) A Board hearing shall be held when one of the following occurs:
  - (i) the Medical Advisory Committee recommends to the Board that an application for appointment, reappointment, or requested privileges not be granted and the applicant requests a hearing in accordance with the *Public Hospitals Act*; or
  - (ii) the Medical Advisory Committee makes a recommendation to the Board that the privileges of a Credentialed Staff member be restricted or suspended, or an appointment be revoked, and the member requests a hearing.
- (b) The Board shall name a time, date, and place for the hearing.
- (c) Subject to Section 5.1(d), the Board hearing shall be held:
  - (i) within fourteen (14) days, in the case of immediate restriction or suspension of privileges; and
  - (ii) as soon as practicable but within twenty eight (28) days, in the case of non-immediate restriction or suspension of privileges,after the Board receives the written notice from the member requesting the hearing.

- (d) The Board may extend the time for the hearing date if it considers an extension appropriate.
- (e) The Board shall give written notice of the hearing to the applicant or member and to the Medical Advisory Committee at least seven (7) days before the hearing date.
- (f) The notice of the Board hearing shall include:
  - (i) the time, date, and place of the hearing;
  - (ii) the purpose of the hearing;
  - (iii) a statement that the applicant or member and Medical Advisory Committee shall be afforded an opportunity to examine, before the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be given in evidence at the hearing;
  - (iv) a statement that the applicant or member may proceed in person or be represented by counsel, call witnesses, and tender documents in evidence in support of their case;
  - (v) a statement that the Board may extend the time for the hearing on the application of any party; and
  - (vi) a statement that if the applicant or member does not attend the hearing, the Board may proceed in the absence of the applicant or member, and the applicant or member shall not be entitled to any further notice in the hearing.
- (g) The parties to the Board hearing are the applicant or member, the Medical Advisory Committee, and such other persons as the Board may specify.
- (h) The applicant or member requiring a hearing and the Medical Advisory Committee shall be afforded an opportunity to examine, before the hearing, any written or documentary evidence that will be produced, or any reports the contents of which will be used in evidence.
- (i) Members of the Board holding the hearing shall not have taken part in any investigation or consideration of the subject matter of the hearing and shall not communicate directly or indirectly in relation to the subject matter of the hearing with any individual or with any party or their representative, except upon notice to and an opportunity for all parties to participate. Despite the foregoing, the Board may obtain legal advice.
- (j) The findings of fact of the Board pursuant to a hearing shall be based exclusively on evidence admissible or matters that may be noticed under the *Statutory Powers Procedure Act*.

- (k) No member of the Board shall participate in a Board decision pursuant to a hearing unless they are present throughout the hearing and heard the evidence and argument of the parties and, except with the consent of the parties, no Board decision shall be given unless all members so present participate in the decision.
- (l) The Board shall make a decision to follow, amend, or not follow the recommendation of the Medical Advisory Committee. The Board, in determining whether to make any appointment or reappointment to the Credentialed Staff or approve any request for a change in privileges shall take into account the recommendation of the Medical Advisory Committee and such other considerations it, in its discretion, considers relevant, including the considerations set out in Sections 3.3, 3.8, and 3.9, respectively.
- (m) A written copy of the Board decision shall be provided to the applicant or member and to the Medical Advisory Committee.
- (n) Service of a notice to the parties may be made personally or by registered mail addressed to the person to be served at their last known address and, where notice is served by registered mail, it will be deemed that the notice was served on the third day after the day of mailing unless the person to be served establishes that they did not, acting in good faith, through absence, accident, illness, or other causes beyond their control, receive it until a later date.

## **Article 6**

### **Credentialed Staff Categories and Duties**

#### **6.1 Credentialed Staff Categories**

- (a) The Medical Staff, Dental Staff, and Midwifery Staff shall be divided into the following categories:
  - (i) Active;
  - (ii) Associate;
  - (iii) Courtesy;
  - (iv) Locum Tenens;
  - (v) Term;
  - (vi) Regional Affiliate; and
  - (vii) such other categories as the Board may determine after considering the recommendation of the Medical Advisory Committee.

- (b) The Extended Class Nursing Staff may be divided into such categories as the Board may determine after considering the recommendation of the Medical Advisory Committee.

## **6.2 Active Staff**

- (a) The Active Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Active Staff and who have completed satisfactory service as Associate Staff for at least one (1) year, or who the Board, on the recommendation of the Medical Advisory Committee, appoints directly to the Active Staff.
- (b) Each Active Staff member shall:
  - (i) have admitting privileges unless otherwise specified in their appointment;
  - (ii) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board;
  - (iii) be responsible to the Chief of Department to which they have been assigned for all aspects of Patient care;
  - (iv) act as a supervisor of other Medical Staff, Dental Staff, Midwifery Staff, or Extended Class Nursing Staff when requested by the Chief of Staff or the Chief of the Department or Head of the Divisions to which they have been assigned;
  - (v) fulfil such on call requirements as may be established for each Department or Division in accordance with the Policies; and
  - (vi) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff, Chief of the relevant Department, or Head of the relevant Division.

## **6.3 Associate Staff**

- (a) Physicians, Dentists, or Midwives who are applying for appointment to the Active Staff, subject otherwise to the determination of the Board, will be assigned to the Associate Staff.
- (b) Each Associate Staff member 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 or Chief of the Department to which they have been assigned;

- (iii) undertake such duties in respect of Patients as may be specified by the Chief of Staff and, if appropriate, by the Chief of the Department to which they have been assigned;
  - (iv) fulfil such on call requirements as may be established for each Department or Division in accordance with the Credentialed Staff Human Resources Plan and the Policies; and
  - (v) perform such other duties as may be prescribed by the Medical Advisory Committee or requested by the Chief of Staff, Chief of the relevant Department, or Head of the relevant Division.
- (c) Each Associate Staff member shall be subject to a performance evaluation as follows:
- (i) Within a twelve (12) month interval following the appointment of an Associate Staff member to the Credentialed 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 on:
    - (1) the knowledge and skill that has been shown by the Associate Staff member;
    - (2) the nature and quality of their work in the Corporation; and
    - (3) their performance and compliance with the criteria set out in Section 3.3(b).
  - (ii) The Chief of Staff shall forward such report to the Credentials Committee.
  - (iii) Upon receipt of the report, the Credentials Committee shall review the appointment of the Associate Staff member and make a recommendation to the Medical Advisory Committee.
  - (iv) If any report is not favourable to the Associate Staff member, the Medical Advisory Committee may recommend that their appointment be terminated.
  - (v) No Associate Staff member shall be recommended for appointment to the Active Staff unless they have been an Associate Staff member for at least one (1) year.
  - (vi) An appointment to the Associate Staff shall not be continued for more than two (2) years, unless continued by the Board in exceptional circumstances.

#### **6.4 Courtesy Staff**

- (a) The Courtesy Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Courtesy Staff in one or more of the following circumstances:
  - (i) the applicant meets a specific service need of the Corporation; or
  - (ii) where the Board deems it advisable and in the best interests of the Corporation.
- (b) Courtesy Staff members 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 kind and degree of privileges granted by the Board; and
  - (iii) be responsible to the Chief of the Department and Head of the Division to which they have been assigned for all aspects of Patient care.

#### **6.5 Locum Tenens Staff**

- (a) For the purpose of this section, the terms Physicians, Dentists, and Midwives include medical, dental, and midwifery practitioners who are registered and in good standing with a licensing body in another jurisdiction that is the equivalent to the relevant Ontario College, and who are legally entitled to practice medicine, dentistry or midwifery, as applicable, in Ontario.
- (b) The Locum Tenens Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Locum Tenens Staff in order to meet specific clinical needs for a defined period of time in one or more of the following circumstances:
  - (i) to be a planned replacement for a Physician, Dentist, or Midwife for a specified period of time; or
  - (ii) to provide episodic or limited surgical or consulting services.
- (c) The period of appointment shall be for a term of up to one (1) year and may be subject to renewal.
- (d) A Locum Tenens Staff member shall:
  - (i) have admitting privileges unless otherwise specified in their appointment;
  - (ii) work under the supervision of an Active Staff member assigned by the Chief of Staff or Chief of Department; and

- (iii) attend Patients and undertake treatment and operative procedures only in accordance with the kind and degree of privileges granted by the Board.

## **6.6 Term Staff**

- (a) For the purpose of this section, the terms Physicians, Dentists, and Midwives include medical, dental, and midwifery practitioners who are registered and in good standing with a licensing body in another jurisdiction that is the equivalent to the relevant Ontario College, and who are legally entitled to practice medicine, dentistry or midwifery, as applicable, in Ontario.
- (b) The Term Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Term Staff where the applicant has a particular expertise that meets a specific clinical or academic need for a defined period of time not to exceed one (1) year.
- (c) The specific clinical or academic need shall be identified and approved by the Medical Advisory Committee.
- (d) The Term Staff member:
  - (i) shall have admitting privileges, unless otherwise specified in their appointment;
  - (ii) may be required to work under the supervision of an Active Staff member assigned by the Chief of Staff or Chief of Department;
  - (iii) shall undertake treatment or operative procedures only in accordance with the kind and degree of privileges granted by the Board; and
  - (iv) shall be responsible to the Chief of the Department and Head of the Division to which they have been assigned for all aspects of Patient care.

## **6.7 Regional Affiliate Staff**

- (a) The Regional Affiliate Staff shall consist of those Physicians, Dentists, and Midwives whom the Board appoints to the Regional Affiliate Staff in the following circumstances:
  - (i) the applicant has privileges in good standing at another hospital and requires privileges at a Hospital so as to fully participate in an approved regional program;
  - (ii) the applicant provides to the Corporation a description of the extent of the applicant's privileges at the other hospital and any restrictions thereon; and
  - (iii) the Medical Advisory Committee recommends the applicant to the Board for appointment to the Regional Affiliate Staff.

- (b) A member of the Regional Affiliate Staff shall have on call responsibilities, attend Patients and undertake treatment and clinical procedures only as directed by the Chief of Staff.

## **6.8 Extended Class Nursing Staff**

- (a) The Board, after considering the advice of the Medical Advisory Committee, will delineate the privileges for each Extended Class Nursing Staff member who is not an employee of the Corporation.
- (b) Each new applicant for appointment to the Extended Class Nursing Staff shall be appointed for an initial probationary period of one (1) year.
- (c) Before completion of the one (1)-year probationary period, the Chief of Department, in consultation with the Chief Nursing Executive, shall complete a performance evaluation for an Extended Class Nursing Staff member on the knowledge and skill that has been shown by the Extended Class Nursing Staff member, the nature and quality of their work, their performance and compliance with the criteria set out in Section 3.3(b), and such report shall be forwarded to the Credentials Committee.
- (d) The Credentials Committee shall review the report and shall make a recommendation to the Medical Advisory Committee, which shall, in turn, make a recommendation to the Board.

## **6.9 Duties of Credentialed Staff**

- (a) Each Credentialed Staff member:
  - (i) is accountable to, and shall recognize the authority of, the Board through and with the Chief of Staff, Chief of Department, Head of Division, and President and Chief Executive Officer;
  - (ii) shall co-operate with and respect the authority of:
    - (1) the Chief of Staff and the Medical Advisory Committee;
    - (2) the Chiefs of Department;
    - (3) the Heads of Division; and
    - (4) the President and Chief Executive Officer;
  - (iii) shall perform the duties, undertake the responsibilities, and comply with the provisions set out in this By-law and the Policies, including the code of conduct and Policies relating to privacy, confidentiality, harassment, civility, and bullying;

- (iv) uphold their obligations under applicable law, including with respect to privacy, confidentiality, and personal health information under the *Personal Health Information Protection Act* and the *Human Rights Code*;
  - (v) shall immediately advise the Chief of Staff and President and Chief Executive Officer of:
    - (1) the commencement of any:
      - a. College investigation or proceeding or an investigation or proceeding of any other regulatory college of a health profession;
      - b. investigation or proceeding before the Information and Privacy Commissioner of Ontario or other privacy regulator; or
      - c. investigation by another hospital, health facility or employer into allegations of professional misconduct, incompetence, or incapacity;
    - (2) any caution, education, remediation or discipline imposed or finding of misconduct, incompetence or incapacity made by a College or any other regulatory college of a health profession;
    - (3) any change in the member's license to practice made by a College or any other regulatory college of a health profession, or any change in professional practice liability coverage;
    - (4) any finding of professional negligence; or
    - (5) any restriction, suspension, or revocation of privileges at another hospital, or any relinquishment or resignation of hospital privileges related to or taking place in the course of an investigation into allegations of professional misconduct, incompetence, or incapacity; and
  - (vi) perform such other duties as may be prescribed from time to time by, or under the authority of, the Board, the Medical Advisory Committee, the Chief of Staff, the Chief of Department, or the Head of Division.
- (b) If the Chief of Staff and/or Chief of Department request(s) a meeting with a Credentialed Staff member for the purpose of interviewing that Credentialed Staff member about any matter, the Credentialed Staff member shall attend the interview at a mutually agreeable time but within 14 days of the request. If the Credentialed Staff member so requests, they may bring a representative with them to the meeting. The Chief of Staff and/or Chief of Department may extend the date for attendance at the interview at their discretion. If requested by the Chief of Staff and/or Chief

of Department, the Credentialed Staff member attending the meeting shall produce any documents requested by the Chief of Staff and/or Chief of Department for discussion at the meeting. If a criminal record check and/or vulnerable sector check is requested, the request shall be made at a meeting with the Credentialed Staff member where the Chief of Staff and President and Chief Executive Officer are both present.

## **Article 7 Departments and Divisions**

### **7.1 Departments**

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

### **7.2 Divisions**

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

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

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

### **7.4 Department Meetings**

- (a) Each Department and Division shall function in accordance with the Policies.
- (b) Department and Division meetings shall be held in accordance with the Policies.

## **Article 8 Leadership Positions**

### **8.1 General**

- (a) The Board may appoint an individual on an acting or interim basis where there is a vacancy in any office referred to in this Article or while the individual holding any such office is absent or unable to act.
- (b) If the term of office of any medical leader expires before a successor is appointed, the Board may extend the appointment of the incumbent.

- (c) The Board shall receive and consider the input of the appropriate Credentialed Staff members before it makes an appointment to a Credentialed Staff leadership position.
- (d) Subject to annual confirmation by the Board, the appointment of:
  - (i) a Chief of Staff or a Deputy Chief of Staff shall be for a term of up to four (4) years; and
  - (ii) a Chief of Department, Deputy Chief of Department, or Head of Division shall be for a term of up to three (3) years.
- (e) The maximum number of consecutive years of service of a Chief of Staff, Deputy Chief of Staff, Chief of Department, Deputy Chief of Department, or Head of Division shall be twelve (12) years provided, however, that following a break in the continuous service of at least one (1) year, the same person may be reappointed.
- (f) The Board may revoke any appointment to any position referred to in this Article at any time.

## **8.2 Chief of Staff**

- (a) The Board shall appoint a Chief of Staff and in making such appointment, the Board shall consider any recommendation or input of the Medical Advisory Committee or of any other appropriate Credentialed Staff members.
- (b) The Chief of Staff shall:
  - (i) be an *ex-officio* Director and as a Director, fulfill fiduciary duties to the Corporation;
  - (ii) be the *ex-officio* Chair of the Medical Advisory Committee;
  - (iii) be an *ex-officio* member of all Medical Advisory Committee subcommittees;
  - (iv) report regularly to the Board on the work and recommendations of the Medical Advisory Committee;
  - (v) perform such additional duties as may be outlined in the Board-approved Chief of Staff position description, or as set out in the Policies, or as assigned by the Board; and
  - (vi) in consultation with the President and Chief Executive Officer, designate an alternative to act during the absence of both the Chief of Staff and the Deputy Chief of Staff, if any.

### 8.3 Deputy Chief of Staff

The Board may appoint a Deputy Chief of Staff and in making such appointment, the Board shall consider any recommendation or input of the Chief of Staff or of any other appropriate Credentialed Staff members. The Deputy Chief of Staff, if appointed, is the delegate of the Chief of Staff. The Deputy Chief of Staff has responsibilities and duties similar to those of the Chief of Staff as determined by the Chief of Staff.

### 8.4 Chiefs of Department

- (a) The Board shall appoint a Chief of each Department and in making such appointment, the Board shall consider any recommendation or input of the Chief of Staff or of any other appropriate Credentialed Staff members.
- (b) A Chief of Department shall:
  - (i) be an *ex-officio* member of the Medical Advisory Committee;
  - (ii) make recommendations to the Medical Advisory Committee on appointment, reappointment, change in privileges, and any disciplinary action to which Department members should be subject;
  - (iii) advise the Medical Advisory Committee through and with the Chief of Staff on the quality of care provided to Patients of the Department;
  - (iv) review and make recommendations to the Medical Advisory Committee on the performance evaluations of Department members annually as part of the reappointment process and conduct an enhanced performance evaluation on a periodic basis;
  - (v) hold regular Department meetings;
  - (vi) delegate responsibility to appropriate Department members;
  - (vii) report to the Medical Advisory Committee and to the Department on the activities of the Department;
  - (viii) perform such additional duties as may be outlined in the Board-approved Chief of Department position description, or as set out in the Policies, or as assigned by the Board, Chief of Staff, Medical Advisory Committee, or President and Chief Executive Officer; and
  - (ix) in consultation with the Chief of Staff, designate an alternate to act during the absence of both the Chief of Department and the Deputy Chief of Department, if any.

## **8.5 Deputy Chiefs of Departments**

The Board may appoint a Deputy Chief of Department and in making such appointment, the Board shall consider any recommendation or input of the Chief of Staff or of any other appropriate Credentialed Staff members. The Deputy Chief of Department, if appointed, is the delegate of the Chief of Department. The Deputy Chief of Department has responsibilities and duties similar to those of the Chief of Department as determined by the Chief of Department.

## **8.6 Heads of Division**

- (a) The Board may appoint a Head of Division or may delegate to the Medical Advisory Committee the authority to appoint one or more Heads of Division.
- (b) The Head of Division shall:
  - (i) be responsible to the Board through the Chief of Department and Chief of Staff for the quality of care rendered to Patients in their Division; and
  - (ii) perform all of the duties as may be assigned by the Board, Chief of Staff, or Chief of Department, or as set out in a Board-approved position description.

## **Article 9 Medical Advisory Committee**

### **9.1 Composition**

- (a) The Medical Advisory Committee shall consist of the following voting members, each of whom shall have one (1) vote:
  - (i) the Chief of Staff, who shall be the chair;
  - (ii) the Chiefs of Department;
  - (iii) the Director of Emergency Services;
  - (iv) Quality Physician Leaders;
  - (v) the president, vice-president, and secretary-treasurer of the Credentialed Staff Association; and
  - (vi) such other members of the Medical Staff as the Board may appoint on the recommendation of the Chief of Staff and/or President and Chief Executive Officer.
- (b) In addition, the following individuals shall be entitled to attend Medical Advisory Committee meetings without a vote:
  - (i) the President and Chief Executive Officer;

- (ii) the Chief Nursing Executive; and
- (iii) any other Hospital executive or member of the senior management team as agreed upon by the President and Chief Executive Officer and Chief of Staff.

## 9.2 Recommendations

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

## 9.3 Duties and Responsibilities

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

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

#### **9.4 Subcommittees**

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

#### **9.5 Quorum**

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

#### **9.6 Meetings**

- (a) The Medical Advisory Committee shall hold at least ten (10) meetings each year.
- (b) Unless otherwise required by applicable law, motions arising at any Medical Advisory Committee meeting or subcommittee meeting shall be decided by consensus of the voting members present. Consensus will be considered to have been reached when no voting member objects to the question before the meeting. If the chair of the meeting determines that the sense of the meeting is that consensus will not be reached, then the question shall be decided by a majority of the votes cast. In such cases, the chair of the meeting shall be entitled to cast a second (2nd), or tie-breaking, vote in the event of a tie. A member may attend and vote by electronic means. A Medical Advisory Committee or subcommittee meeting may be held by telephonic or electronic means. Where a meeting is held by telephonic or electronic means, a vote may be taken by show of hands, voice vote, or other electronic means of voting.

### **Article 10 Credentialed Staff Association**

#### **10.1 Meetings**

- (a) The Credentialed Staff Association shall hold at least four (4) regular meetings in each fiscal year of the Corporation, one of which shall be the annual meeting, at a time and place fixed by the Credentialed Staff Association Officers.
- (b) The president of the Credentialed Staff Association may call a special meeting. The president of the Credentialed Staff Association shall call a special meeting on the written request of any fifteen (15) members of the Active Staff.

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

## **10.2 Notice**

The secretary-treasurer of the Credentialed Staff Association shall give written notice of each Credentialed Staff Association meeting to the Credentialed Staff at least ten (10) days before the meeting by posting a notice of the meeting in a conspicuous place at each Hospital Site or by sending notice by email or an internal mail distribution system to each member of the Credentialed Staff. Notice of special meetings shall state the nature of the business for which the meeting is called. The president of the Credentialed Staff Association may, acting reasonably, call a special meeting of the Credentialed Staff Association upon less than ten (10) days' notice in exceptional circumstances, provided that quorum for any such meeting shall be a majority of the Credentialed Staff Members entitled to vote at the special meeting.

## **10.3 Meetings by Electronic Means**

The Credentialed Staff Association Officers may determine that any Credentialed Staff Association meeting may be held by telephonic or electronic means. Where a Credentialed Staff Association meeting is held by telephonic or electronic means, the word "present" in this Article shall mean present physically or by telephonic or electronic means, and a vote may be taken by show of hands, voice vote, or other electronic means of voting.

## **10.4 Quorum**

Subject to Section 10.2, thirty (30) Credentialed Staff Association members entitled to vote and present shall constitute a quorum at any Credentialed Staff meeting.

## **10.5 Rules of Order**

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

# **Article 11 Credentialed Staff Association Officers**

## **11.1 Credentialed Staff Association Officers**

- (a) (a) The provisions of this Article 11 shall be deemed to satisfy the requirements of the *Public Hospitals Act* for Medical Staff officers. For greater certainty, the president, vice-president and secretary-treasurer of the Credentialed Staff shall be deemed to be the president, vice-president and secretary-treasurer of the Medical Staff.
- (b) The Credentialed Staff Association Officers shall be:
  - (i) the president;

- (ii) the vice-president; and
  - (iii) the secretary-treasurer.
- (c) The Credentialed Staff Association Officers shall be elected annually for a one (1) year term by a majority vote of the members of the Credentialed Staff present and voting at a meeting of the Credentialed Staff Association.
- (d) A Credentialed Staff Association Officer may serve a maximum of three (3) consecutive years in any office of the Credentialed Staff Association. A Credentialed Staff Association Officer may be re-elected to an office of the Credentialed Staff Association following a break in continuous service of at least one (1) year.
- (e) A Credentialed Staff Association Officer may be removed from office before the expiry of their term by a majority vote of the Credentialed Staff Association members present and voting at a Credentialed Staff Association meeting called for that purpose.
- (f) If any office of the Credentialed Staff Association becomes vacant, and it is deemed expedient to fill the office before the next annual meeting of the Credentialed Staff Association, the vacancy may be filled by a majority vote of the Credentialed Staff members present and voting at a regular or special meeting of the Credentialed Staff Association. The election of the Credentialed Staff Officer shall follow the process in Section 11.3. The Credentialed Staff member so elected to office shall fill the office until the next annual meeting of the Credentialed Staff Association.

## **11.2 Attendance, Voting and Holding Office**

- (a) All members of the Credentialed Staff are entitled to attend meetings of the Credentialed Staff Association.
- (b) Only members of the Active or Associate Staff are entitled to vote at a Credentialed Staff Association meeting.
- (c) Only Physicians who are members of the Active Staff may hold any Credentialed Staff Association office.

## **11.3 Nominations and Election Process**

- (a) A nominating committee shall be constituted through a process approved by the Credentialed Staff Association on the recommendation of the Credentialed Staff Association Officers.
- (b) At least thirty (30) days before the annual meeting of the Credentialed Staff Association, the nominating committee shall circulate or post in a conspicuous place at the Hospital Sites a list of the names of those who are nominated to stand

for the offices of the Credentialed Staff Association that are to be filled by election in accordance with the *Public Hospitals Act* and this By-law.

- (c) Any further nominations shall be made in writing to the secretary-treasurer of the Credentialed Staff Association up to seven (7) days before the annual meeting of the Credentialed Staff Association.

#### **11.4 President of the Credentialed Staff Association**

The president of the Credentialed Staff Association shall:

- (a) be an *ex-officio* non-voting Director;
- (b) be an *ex-officio* member of the Medical Advisory Committee;
- (c) preside at all Credentialed Staff Association meetings;
- (d) act as a liaison between the Credentialed Staff, the Chief of Staff, the President and Chief Executive Officer, and the Board on matters concerning the Credentialed Staff; and
- (e) support and promote the values and strategic plan of the Corporation.

#### **11.5 Vice-President of the Credentialed Staff Association**

The vice-president of the Credentialed Staff Association shall:

- (a) in the absence or disability of the president of the Credentialed Staff Association, act in place of the president, and perform their duties and possess their powers as set out in Section 11.4 (other than as set out in Section 11.4(e));
- (b) perform such duties as the president of the Credentialed Staff Association may delegate to them;
- (c) be an *ex-officio* non-voting Director;
- (d) be an *ex-officio* member of the Medical Advisory Committee; and
- (e) support and promote the values and strategic plan of the Corporation.

#### **11.6 Secretary-Treasurer of the Credentialed Staff Association**

The secretary-treasurer of the Credentialed Staff Association shall:

- (a) be an *ex-officio* member of the Medical Advisory Committee;
- (b) attend to the correspondence of the Credentialed Staff Association;

- (c) ensure notice is given and minutes are kept of Credentialed Staff Association meetings;
- (d) maintain the funds and financial records of the Credentialed Staff Association and provide a financial report at the annual meeting of the Credentialed Staff Association;
- (e) disburse funds at the direction of the Credentialed Staff Association, as determined by a majority vote of the Credentialed Staff Association members present and voting at a Credentialed Staff Association meeting; and

### **11.7 Other Officers**

The duties of any other Credentialed Staff Association Officers shall be determined by the Credentialed Staff Association.

## **Article 12 Amendments**

### **12.1 Amendments to this By-law**

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

- (a) the Corporation shall provide notice specifying the proposed amendment(s) to the Credentialed Staff;
- (b) the Credentialed Staff shall be afforded an opportunity to comment on the proposed amendment(s); and
- (c) the Medical Advisory Committee may make recommendations to the Board on the proposed amendment(s).

### **12.2 Repeal and Restatement**

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