

BOARD MANUAL

SUBJECT: Medical Advisory Committee Terms of Reference	NO.: 2-A-19
SECTION: Structure, Roles and Responsibilities	
APPROVED BY: Board of Directors	DATE: June 28, 2023

1. Application

These terms of reference applies to the Medical Advisory Committee (the “**Committee**”) of the Board of the Cambridge Memorial Hospital (the “**Corporation**”). All capitalized terms not defined herein shall have the meaning set out in the Corporation’s Corporate and/or Medical/Professional Staff By-Laws.

2. Definitions

The Committee operates under the authority of the Board and the articles outlined in the Cambridge Memorial Hospital Medical/Professional Staff By-law.

3. Composition

(a) The Medical Advisory Committee shall consist of:

- (i) The Chief of Staff, who shall be the Chair of the Medical Advisory Committee;
- (ii) The Deputy Chief of Staff;
- (iii) The President, Vice-President, Secretary and Treasurer (if any) of the Medical/Professional Staff Association;
- (iv) Chiefs of Departments;
- (v) Medical Director of ICU;
- (vi) Medical Director of Laboratory; and
- (vii) Any non-voting member that the Medical Advisory Committee sees fit to invite on a temporary or an on-going basis.

(b) The Chief Executive Office and Chief Nursing Executive or respective delegates shall attend meetings of the Committee without the power to vote.

- (c) The Board from time to time may appoint an elected Director to attend the meeting of the Committee without the power to vote.

4. Meetings

- (a) The Committee shall meet at the call of the Chair of the Medical Advisory Committee and shall have at least ten (10) meetings each year and keep minutes of these meetings.

5. Duties and Responsibilities

The Committee shall:

- (a) report and make recommendations to the Board in writing on matters concerning:
 - (i) every application for appointment or reappointment to the Medical/Professional Staff and any request for a change in privileges;
 - (ii) the privileges to be granted to each member of the Medical/Professional Staff;
 - (iii) the By-laws and Rules and Regulations respecting the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff;
 - (iv) the revocation, suspension or restriction of privileges of any member of the Medical/Professional Staff;
 - (v) the quality of care provided in the Hospital by the Medical Staff, Dental Staff, Midwifery Staff and Extended Class Nursing Staff, in relation to the professionally recognized standards of Hospital professional care, including quality assurance, peer review, resource utilization and Disruptive Behaviour;
- (b) consider, make recommendations and report to the Board concerning such matters as are prescribed by the *Public Hospitals Act*, by the Hospital Management Regulation, including matters involving competence, conduct or physical or mental ability or capacity of a member of the Medical/Professional Staff;
- (c) through the Chiefs of Department provide supervision over the practice of medicine, dentistry, midwifery, and extended class nursing in the Hospital;
- (d) participate in the development of the Hospital's overall objectives and planning, and make recommendations considering allocation and utilization of Hospital resources;
- (e)
 - (i) appoint such committees as are required for the supervision, review and analysis of all the clinical work in the Hospital;
 - (ii) name the Chair of each of the committees it appoints and ensure that each meets and functions as required, and is keeping minutes of its meetings; and

- (iii) receive, consider and act upon the report from each of its appointed committees;
- (f) inform the Medical/Professional Staff at each regular meeting of the Medical/Professional Staff Association of any business transacted by the Committee and refer to the Medical/Professional Staff Association such items as, in the opinion of the Medical Advisory Committee, require discussion and approval of the Medical/Professional Staff Association as a whole;
- (g) advise and co-operate with the Board and the Chief Executive Officer in all matters relating to the professional, clinical and technical services;
- (h) recommend to the Board clinical and general rules respecting the Medical/Professional Staff as may be necessary under the circumstances; and
- (i) advise the Board on any matters referred to the Committee by the Board.

Where the 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, the Committee shall make recommendations about those issues to the Hospital's quality committee established under section 3(1) of the *Excellent Care for All Act*.

6. Establishment of Committees of the Medical Advisory Committee

- (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 from time to time 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 Rules and Regulations or in a Board resolution, on the recommendation of the Medical Advisory Committee. The Medical Staff members of any such subcommittee of the Medical Advisory Committee shall be appointed by the Medical Advisory Committee and other subcommittee members may be appointed by the Board.
- (c) All subcommittees appointed shall:
 - (i) meet as directed by the Medical Advisory Committee or as otherwise established in this By-law and the Rules; and
 - (ii) present a written report, including any recommendations of each meeting, to the next meeting of the Medical Advisory Committee.

7. Quorum and Procedures for Medical Advisory Committee Meeting and Subcommittee Meetings

- (a) A quorum at any meeting shall be a majority of the voting members.
- (b) The procedures to be followed at all meetings of the Medical Advisory Committee and its subcommittees shall be the same as those that are provided for in the Corporation's Corporate By-law.
- (c) Notice of general meetings shall be given in writing by the Chief of Staff fourteen (14) days in advance of the meeting. Notice of the special meetings may be given by telephone or email by the Chief of Staff not less than forty-eight (48) hours in advance of the special meeting. The notice of the special meeting shall state the purpose for which the meeting is called, and at such meeting the giving of the notice shall be reported by the Secretary and the meeting, subject to the quorum requirement, shall be declared to be properly constituted.
- (d) Every member of the Medical Advisory Committee shall respect the confidentiality of matters brought before the Medical Advisory Committee or any subcommittees of Medical Advisory Committee, or of any matter dealt with in the course of the Medical/Professional Staff member's activities in the Hospital.

8. General

The Committee shall review and assess the adequacy of the terms of reference at least every 3 years and submit proposed amendments to the Governance Committee for review prior to consideration by the Board. Any proposed amendments must respect the provisions set out in the Medical/Professional Staff Bylaw.

DEVELOPED: August 16, 2018		REVISED/REVIEWED:
October 17, 2018	Click or tap to enter a date.	Click or tap to enter a date.
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