☐ Policy ☐ Procedure ☐ Protocol ☒ Terms of Reference	Section Board Governance	Number 02-030
Medical Advisory Committee – Terms of Reference		
Date Issued: November 2011 Date Review/Revised: Sep. 2012, Sep. 2013, Apr. 2014, Jan. 2015, Jan. 2019 Next Review Date: Jan. 2020		
Owner: Board of Governors	**Reviewer(s):** Medical Advisory Committee	**Approver:** Board of Governors
Cross Reference:		

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Membership
The Medical Advisory Committee shall consist of:
• the President, Vice President & Secretary of the Medical Staff (voting);
• the Vice-President/Secretary/Treasurer of the Medical Staff, who shall act as Secretary of the Medical Advisory Committee (voting);
• the Chief of Staff, who shall be the chair (voting);
• the Chief of Departments (voting);
• minimum of 3 (three) other active Physicians (voting);
• such other members of the Medical Staff as may be appointed by the Board from time to time.

In addition, the following person(s) shall be entitled to attend the meetings of the Medical Advisory Committee as observers and without power to vote, however, will receive notice and a copy of the agenda package.

By resolution of the MAC, the following person(s) may be asked to withdraw for a portion of any meeting.

President & CEO
Site Director/CNE
Director of Ambulatory Services

Voting
Although in-person voting is considered best practice, telephone voting can be used only when the participants are confirmed in attendance at the meeting.

Where the Medical Advisory Committee is composed of an even number of members, in the case of a deadlock on any vote, the chair shall have a casting vote.

Quroum
A quorum at any meeting of the Medical Advisory Committee shall be three (3) active physicians and the Chairperson of the Medical Advisory Committee.

Frequency of Meetings

Meet 9 times a year and at the call of the Committee Chair, and keep minutes of its meetings.

Responsibilities

1. Make recommendations to the Board concerning:
   a) every application for appointment or re-appointment to the Professional Staff and any request for change in privileges;
   b) the Privileges to be granted to each member of the Professional Staff;
   c) the By-laws and Rules and Regulations respecting the Professional Staff;
   d) the revocation, suspension or restriction of Privileges of any member of the Professional Staff in accordance with policy adopted by the Board that ensures that the principles of natural justice are followed;
   e) the quality of care provided in the Hospital by the Professional Staff;
   f) the clinical and general rules respecting the Professional Staff, as may be necessary in the circumstances;
2. Supervise the practice of medicine, dentistry and midwifery and extended class nursing in the Hospital;
3. Participate in the development of the Hospital's overall objectives and planning and make recommendations concerning allocation and utilization of Hospital resources;
4. Appoint the medical members of all Medical Staff Committees;
5. Name the chair of each Medical Staff Committee and ensure that each Committee meets and functions as required and keeps minutes of its meetings;
6. Receive, consider and act upon the reports of each of its appointed Committees;
7. Maintain a process for:
   a) revocation, suspension and restriction of Privileges;
   b) medical quality assurance; and
   c) planning and evaluation of medical education programs;
8. Report and make recommendations to the Board concerning such matters as are from time to time prescribed by the Public Hospitals Act and the regulations made hereunder; and
   a) advise the Board on any matters referred to it by the Board.

Evaluation

Annually each committee member will complete committee self-assessment via the electronic survey tool. The results of the self-assessment will be utilized to measure and improve committee effectiveness.

The Chair of the committee will receive results and report results to committee members at the following meeting.

Related Documents

Appendix A   Committee Self-Assessment

APPENDIX A

SOUTH HURON HOSPITAL ASSOCIATION
Executive, Governance & Planning Committee

Committee Self-Assessment

	Strongly Agree	Somewhat Agree	Disagree	Strongly Disagree	Not Applicable
Terms of Reference and Composition					
1. The committee has clear and appropriate Terms of Reference					
2. The committee has the right number of members					
3. The committee has members with the skills and expertise that are needed by the committee					
Committee Management					
4. The committee meets at the appropriate time of day					
5. I received orientation to the committee that was helpful to me as a member of the committee					
6. The committee is receiving the support from hospital management that it requires					
7. Information is received sufficiently in advance of the meeting					
8. The committee meets the right number of times over the year					
Committee Effectiveness					
9. The committee is working effectively					
10. The committee performed its annual work plan					
Chair Effectiveness					
11. The chair is prepared for committee meetings					
12. The chair keeps the meetings on track					
13. The chair fairly reports on committee's work to the board					
14. The chair encourages participation and manages discussion					
Overall Committee Performance					
15. Overall, I am satisfied with my contribution to the committee					
16. Overall, I am satisfied with the committee's contribution to the board					

Comments and suggestions for improvement to committee processes:

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