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- Approval of Signatory Authority for Medical Center Procurement of Spinal Implants and Related Products and Services 7827
- Credentialing and Recredentialing Actions 7827
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Resolutions Adopted by the Buildings and Grounds Committee – October 18, and December 11, 2008, and February 5, 2009

- Approval of Schematic Design for Information Technology Engineering Building 7848
- Approval of Schematic Design for the Arts and Sciences Research Building 7848
- Approval of Project Budget Increase, Moser Radiation Therapy Center Addition 7848
- Approval of Architect/Engineer Selection for the Baseball Stadium Expansion 7849
- Approval of Concept, Site, and Design Guidelines for the Rehearsal Hall 7849
- Approval of Architect/Engineer Selection for the Rehearsal Hall 7849
- Approval of Concept, Site, and Design Guidelines for the Bookstore Expansion 7849
- Approval of Architect/Engineer Selection for the Bookstore Expansion 7849
- Approval of Concept, Site, and Design Guidelines for The School of Medicine, Focused Ultrasound Facility 7850
- Approval of Schematic Design for the Alderman Road Housing, Phase II 7850
- Approval of Schematic Design for the College at Wise Multi-Purpose Center 7850

Addendum to the Minutes of the February Board Meeting

- Appointment of the Ad-Hoc Committee on Revenue Sources 7850
The Board of Visitors of the University of Virginia met, in Open Session, at 1:10 p.m., Thursday, February 5, 2009, in the Board Room of the Rotunda; W. Heywood Fralin, Rector, presided.


Also present were Edmund W. Kitch, Chair of the Faculty Senate, and Ms. Elaine Gall, University Building Official.

The Rector asked Mr. Caputo to lead the Board in the Pledge of Allegiance. After the Pledge was recited, the Rector asked the Board to observe a moment of silence in memory of Mrs. Elsie Goodwyn Holland (a former Member of the Board of Visitors), Mr. Gilbert J. Sullivan (for many years the Director of the Alumni Association), and Mr. John A. Blackburn (Dean of Undergraduate Admission) – all recently deceased.

Approval of the Minutes of the Board Meetings of October 2-4, 2008

The Minutes of the Board meeting of October 2-4, were approved.

Resolution for Additions to the Agenda

RESOLVED, the consideration of addenda to the published Agenda of this meeting of the Board of Visitors is approved.

University Building Official

At the Rector’s request, Mr. Sandridge, Executive Vice President and Chief Operating Officer, introduced Ms. Elaine Gall, the University Building Official. He reminded the Board that the position and Ms. Gall’s responsibilities are defined in the Management Agreement between the Commonwealth and the University, and he emphasized that Ms. Gall reports directly and exclusively to the Board and not to the administration of the University.
Approval of the University of Virginia Hazard Mitigation Plan

Mr. Sandridge told the Board that the University is required, both by the federal authorities and by the Commonwealth, to have a Hazard Mitigation Plan. Such a Plan has been devised, but it now must be approved by the Board. He proposed the following resolution which the Board, on motion, adopted:

APPROVAL OF THE UNIVERSITY OF VIRGINIA HAZARD MITIGATION PLAN

WHEREAS, the University of Virginia strives to recognize and mitigate any potential natural and human-caused hazards to the health, safety, and well-being of members of the University community; and

WHEREAS, the Disaster Mitigation Act of 2000 as amended, and 44 C.F.R. 201.6, require that local governments develop and adopt hazard mitigation plans in order to receive certain federal assistance; and

WHEREAS, as a sub-grantee of the Virginia Department of Emergency Management, the University of Virginia Disaster Resistant University Advisory Committee together with an experienced consulting firm, and in consultation with members of the public, private, and non-profit sectors has completed such a Hazard Mitigation Plan for the University;

RESOLVED, the Board of Visitors of the University of Virginia approves the University of Virginia Hazard Mitigation Plan dated November 2008.

Comments by the Rector

The Rector reported that Mr. Sweeney, the Senior Vice President for Development and Public Affairs, has undergone several very serious operations in the last week but is recovering well and should be released from the hospital shortly.

President’s Report

The Rector asked the President to make his customary report.

The President briefed the Board on matters of interest before the General Assembly in the current Session. He said debates about in-state enrollment have been particularly intense this year and
that many of the "facts" asserted about enrollments at this Session have been patently wrong.

Several bills to regulate out-of-state enrollment were introduced, but the University has just learned that they will not be heard by the relevant subcommittee of the House Appropriations Committee. The Budget bill now becomes the vehicle for this issue, the President said, but the University is working with members of the General Assembly who are engaged with this question.

New Appointments

The President spoke about Harry Harding, who was announced last week as the founding dean of the new Batten School for Leadership and Public; Mr. Harding will begin his term as dean on July 1st. One of the nation's foremost experts on Southeast Asia, particularly China, he has served for ten years as the dean of the Elliott School of International Affairs at George Washington University. Before that he was a Senior Fellow in the Foreign Policy Studies Program at the Brookings Institution, a member of the political science faculties of Stanford University and Swarthmore College, and director of the Asia Program at the Woodrow Wilson International Center for Scholars.

Greg Roberts, who has been Senior Associate Dean of Undergraduate Admission since 2008, has just been named Dean, vice the late John A. Blackburn. Mr. Roberts joined the Admission Office in 2003 as an associate dean. Prior to that, he was Associate Director of Undergraduate Admission at Georgetown University.

The President also reported that Bruce Ambler Boucher has been named as the new Director of the University Art Museum. Mr. Boucher has been curator of European sculpture at the Art Institute of Chicago while teaching at the University of Chicago. Previously, he was an art history professor at University College, London, for 24 years.

AAU-AGB Meeting

The President announced that presidents, chancellors, and trustees from several AAU (Association of American Universities) Institutions will be at the University February 26-27 for an AAU-AGB (Association of Governing Boards) meeting. Participants will include representatives of the Universities of Arizona, Colorado, Florida, Illinois, Minnesota and Rochester, as well as the University of California at Los Angeles and Pennsylvania State University.
The meeting, organized under the theme "Crossroads: Leading and Governing America's Research Universities," is envisioned as a candid discussion of university leadership and governance issues. The President said the Vice Rector and Mr. Ligon – in the absence of the Rector, who cannot come, will participate in the meeting. He invited other Members to participate.

Gifts and Grants Report

The President reported that philanthropic giving to the University and its related foundations in the current Fiscal Year, through December 31, 2008, amounted to $156,359,398.40, an increase of 11.18% over the previous Fiscal Year. Much of this, he said, was received toward the end of the year.

Among significant gifts since the October Board meeting were a Batten Foundation pledge payment of $40,000,000 to the Batten School of Leadership and Public Policy; a Gates Foundation private grant of $6,820,437 to the School of Medicine for its "Study of Risk Factors for Malnutrition using Molecular and Genomic Tools;" a pledge payment and gifts of $6,738,955 from Paul Tudor Jones II and Mrs. Sonia Klein Jones toward several areas of the University including the John Paul Jones Arena, Jefferson Scholars, and Environmental Sciences; $4,740,000 from the Estate of Gertrude S. Greenslade to the College and Graduate School of Arts and Sciences; and a private grant of $2,113,551 from the Lilly Endowment to the Religious Studies Department for "The Project on Lived Theology."

Among significant new pledges were $3,100,000 from the Focused Ultrasound Surgery Foundation for the Focused Ultrasound Facility Fund; $1,000,000 from Frederick P. Hitz and Mrs. Mary Buford Bocock Hitz for the Batten School of Leadership; a pledge of $500,000 from the Hobby Family Foundation for the John A. Blackburn AccessUVa Endowed Scholarship and other areas of the University; and a $500,000 pledge from Paul Tudor Jones II for Jefferson Scholars.

The Rector asked for a motion approving the President's Gifts and Grants Report. The motion was made and approved and the Report accepted.

The Preliminary Meeting ended at 1:45 p.m., and the Board recessed as the full Board to go into Committee meetings.

Friday, February 6th

The Board resumed meeting as the full Board after lunch on Friday, February 6th.
Executive Session

After adopting the following motions permitting it to do so – under the terms of the Virginia Freedom of Information Act – the Board went into Executive Session at 1:15 p.m.

All Members of the Board, save Mr. Pippin, were present.

That the Board of Visitors of the University of Virginia convene in Closed Session for the purpose of discussing and/or approving personnel actions involving the appointment, reappointment, transition, nomination, evaluation, performance, compensation, and resignation of specific University officers and employees as provided for in Section 2.2-3711 (A) (1) of the Code of Virginia.

That the Board of Visitors convene in Closed Session to consult with General Counsel regarding his privileged legal report to the Board on pending and anticipated litigation affecting the University, as provided for in Section 2.2-3711 (A) (7) of the Code of Virginia.

That the Board of Visitors of the University of Virginia convene in Executive Session to consider the appointment of a specific student member to the Board of Visitors, in accordance with Section 2.2-3711 (A)(1) of the Code of Virginia.

That the Board of Visitors go into Closed Session to consider and discuss investing in new educational modules where competition is involved and in connection therewith assessing the performance and leadership capability of specific University personnel, where discussion in public session at this time would be detrimental to the University’s financial interests, as permitted by Section 2.2-3711 (A) (1) and (6) of the Code of Virginia.

The Board resumed its meeting in Open Session at 2:35 p.m., and adopted the following resolution certifying that its deliberations in Executive Session had been conducted in accordance with the exemptions permitted by the Virginia Freedom of Information Act:

That we vote on and record our certification that, to the best of each Board member’s knowledge, only public business matters lawfully exempted from open meeting requirements and which were identified in the motion(s) authorizing the closed session, were heard, discussed or considered in closed session.
Report of the Diamonstein Committee: On the Election of the Rector

The Rector reminded the Board that at the April Board meeting, he had appointed an ad-hoc committee, chaired by Mr. Diamonstein, to consider possible changes in the procedure for electing the Vice Rector, and thus the Rector. He asked Mr. Diamonstein to report on the Committee’s recommendations.

Mr. Diamonstein said his Committee had polled the Board and based on that, have decided to recommend no changes, either in the electoral process or in the terms of office of the Rector and the Vice Rector. The Committee, however, does feel strongly that there should be no electioneering on the part of candidates more than thirty days before the election meeting.

Report of the Diamonstein Committee: On the Recognition of Former Members of the Board

The second charge to the Diamonstein Committee, the Rector said, was to find a suitable occasion on which former Board Members might be invited to return to the University to be honored by the Board (the provision of the Manual calling for an annual social occasion involving current and former Members has been struck from the Manual). Mr. Diamonstein told the Board that his Committee recommends that an occasion such as an athletic event be used for this purpose. He and the Rector suggested that the Secretary and the Secretary-elect consider possibilities and make a recommendation to the Board.

The Rector accepted the Committee’s recommendations.

Final Session

All Members, save Mr. Pippin and Dr. Vaughan, were present for the Final Session.

The Board approved the following resolutions:

APPROVAL OF THE 2007-2008 WTJU ANNUAL REPORT
(approved by the External Affairs Committee on February 6, 2009)

RESOLVED, WTJU’s 2007-2008 Annual Report is approved, as recommended by the President and the Senior Vice President for Development and Public Affairs.
APPROVAL OF PROJECT BUDGET INCREASE, MOSER RADIATION THERAPY CENTER ADDITION
(approved by the Buildings and Grounds Committee on December 11, 2008, and by the Finance Committee on February 5, 2009)

RESOLVED, the addition of 625 gross square feet to the current 3,000 gross square feet project scope and the budget increase of $500,000, bringing the total budget for the Moser Radiation Therapy Center Addition to $3,007,000, is approved.

APPROVAL OF 2009-2010 TUITION AND FEES FOR CERTAIN PROGRAMS
(approved by the Finance Committee on February 5, 2009)

RESOLVED, the Board of Visitors approves the tuition and fees applicable to the following programs as shown below, effective May 1, 2009, unless otherwise noted:

<table>
<thead>
<tr>
<th>Program</th>
<th>Virginian 2008-09</th>
<th>Virginian Percent Increase</th>
<th>Non-Virginian 2009-10</th>
<th>Non-Virginian Percent Increase</th>
<th>2009-10 Proposed</th>
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<tbody>
<tr>
<td>MBA for Executives</td>
<td>$102,000</td>
<td>$7,000 6.9%</td>
<td>$109,000</td>
<td>$7,000 6.9%</td>
<td>$109,000</td>
</tr>
<tr>
<td>MIT</td>
<td>$34,900</td>
<td>$2,100 6.0%</td>
<td>$37,000</td>
<td>$2,100 5.3%</td>
<td>$42,000</td>
</tr>
<tr>
<td>MIT Opt. Ind.</td>
<td>n/a</td>
<td>n/a</td>
<td>$1,250/ cr. Hr</td>
<td>n/a</td>
<td>$1,250/ cr. Hr</td>
</tr>
<tr>
<td>Study</td>
<td></td>
<td></td>
<td>n/a</td>
<td>n/a</td>
<td>$1,250/ cr. Hr</td>
</tr>
<tr>
<td>Systems Eng.</td>
<td>$33,000</td>
<td>$1,000 3.0%</td>
<td>$34,000</td>
<td>$1,000 2.6%</td>
<td>$34,000</td>
</tr>
<tr>
<td>Post-Bac, Pre-Med</td>
<td>$20,250</td>
<td>$3,250 16.0%</td>
<td>$23,500</td>
<td>$3,000 11.8%</td>
<td>$28,500</td>
</tr>
<tr>
<td>SOM 2009 Summer</td>
<td>n/a</td>
<td>n/a</td>
<td>$13,911</td>
<td>n/a</td>
<td>$18,214</td>
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</table>

The price is all inclusive for the 22 months of the full program and includes estimated 2009-2010 and 2010-2011 special session mandatory fee, books, materials, computer leasing, software licenses, group meals, and lodging.

MIT

The price includes the estimated 2009-2010 special session mandatory fee, books, materials, software licenses, group meals, and lodging.

MIT Opt. Ind.

The price includes the estimated 2009-2010 special session mandatory fee.

Systems Eng.

The price includes the estimated 2009-2010 full-time mandatory fee.

SOM 2009 Summer Session

The price includes the Summer 2009 special session mandatory fee.
APPROVAL OF FINANCIAL PLANS FOR NEW CAPITAL PROJECTS PROPOSED FOR ADDITION TO THE MAJOR CAPITAL PROJECTS PROGRAM, TO COMMENCE BY FISCAL YEAR 2012
(approved by the Finance Committee on February 5, 2009)

WHEREAS, the new projects to be added to the Major Capital Projects Program in the Near Term, Growth Scenario are ambitious and may not be realized on the schedule proposed in light of the current economic climate; and

WHEREAS, the Executive Vice President and Chief Operating Officer will confirm that appropriate funding is in place before any project commences construction;

RESOLVED, the financial plans for the new capital outlay projects expected to begin by 2012 in the Major Capital Projects Program are complete, and therefore are approved.

APPROVAL OF INTENT TO ISSUE TAX-EXEMPT DEBT
(approved by the Finance Committee on February 5, 2009)

WHEREAS, the University intends to undertake the following capital projects utilizing tax-exempt debt as a funding source:

ACADEMIC DIVISION
North Grounds to Old Ivy Road Duct Bank
Alderman and Clemons Library Chillers Replacement
North Chiller Plant Chillers Replacement
North Grounds Boiler and Chiller Plant Replacement
Alderman Road - Phase 2/Building 2
Alderman Road - Phase 3/Buildings 3 and 4
Law School Slaughter Hall Renovation
Law School Repair and Renovation Program
Newcomb Hall Repair and Renovation

MEDICAL CENTER
W. Main St. Development, including Children’s Hospital
North Ridge Development Project

WHEREAS, the United States Department of the Treasury has promulgated final regulations in Section 1.150-2 of the Treasury Regulations governing when the allocation of bond proceeds to reimburse expenditures previously made by a borrower shall be treated as an expenditure of the bond proceeds; and
WHEREAS, the Regulations require a declaration of official intent by a borrower to provide evidence that the borrower intended to reimburse such expenditures with proceeds of its debt; and

WHEREAS, the Board of Visitors of the University of Virginia desires to make such a declaration of official intent as required by the Regulations; and

WHEREAS, the University may be required to provide short-term financing to each project prior to issuing long-term debt in order to implement an efficient and timely construction schedule; and

WHEREAS, the University has funding mechanisms to accommodate short-term financing needs, defined as a period of less than sixty months; and

WHEREAS, the authority for the University to enter into financing arrangements exceeding sixty months in maturity for each project listed is not included in this resolution; and

WHEREAS, if the University provides debt financing for a particular project, the appropriate school or unit remains responsible for repaying the incurred debt, even if the project is not ultimately completed;

RESOLVED that, pursuant to the terms of the Treasury Regulations, the Board of Visitors of the University of Virginia declares its intent to reimburse expenditures in accordance with the following:

1. The University reasonably expects to reimburse expenditures incurred for each project from the issuance of tax-exempt debt to be issued by the University incurred for each project;

2. This resolution is a declaration of official intent under Section 1.150-2 of the Regulations;

3. The maximum principal amount of debt expected to be issued for the purpose of reimbursing expenditures relating to each project is as follows:
ACADEMIC DIVISION
North Grounds to Old Ivy Road Duct Bank = $4,600,000
Alderman and Clemons Library Chillers Replacement = $5,824,000
North Chiller Plant Chillers Replacement = $28,670,000
North Grounds Boiler and Chiller Plant Replacement = $6,776,000
Alderman Road – Phase 2/Building 2 = $27,574,545
Alderman Road – Phase 3/Buildings 3 and 4 = $63,627,592
Law School Slaughter Hall Renovation = $8,000,000
Law School Repair and Renovation Program = $20,000,000
Newcomb Hall Repair and Renovation = $13,700,000

MEDICAL CENTER
W. Main St. Development, including Children’s Hospital = $99,000,000
North Ridge Development Project = $3,230,000; and,

RESOLVED FURTHER, each project is a separate enterprise independent of other projects, and that the authorization for funding relates to each individual project; and

RESOLVED FURTHER, funds may be borrowed for each project on a short-term basis, but only if the following conditions are met:

1. The Board of Visitors approves the current resolution;

2. A comprehensive and detailed financial plan for the school/unit project is submitted to and approved by senior management;

3. Short-term financing shall not exceed sixty months in maturity; and

4. The school or unit remains responsible for repaying any debt obligation incurred regardless of the status of the capital project.

APPROVAL OF SIGNATORY AUTHORITY FOR MEDICAL CENTER
PROCUREMENT OF SPINAL IMPLANTS AND RELATED PRODUCTS
AND SERVICES
(approved by the Finance Committee on February 5, 2009)

WHEREAS, at its December 4, 2008, meeting, the Medical Center Operating Board approved the delegation of authority to the Executive Vice President and Chief Operating Officer of the
University to execute a contract for spinal implants and related products and services;

RESOLVED, the Board of Visitors authorizes the Executive Vice President and Chief Operating Officer of the University to execute a contract for spinal implants and related products and services, based upon the recommendation of the Vice President and Chief Executive Officer of the Medical Center in accordance with Medical Center procurement policy.

APPROVAL OF SIGNATORY AUTHORITY FOR MEDICAL CENTER PROCUREMENT OF HEALTH CARE INFORMATION MANAGEMENT SYSTEM (ELECTRONIC MEDICAL RECORD)
(approved by the Medical Center Operating Board and the Finance Committee on February 5, 2009)

WHEREAS, the Medical Center Operating Board finds it to be in the best interest of the University of Virginia and its Medical Center for the Medical Center to acquire a health care information management system that will include an electronic medical record for all inpatient and outpatient clinical care provided by the Medical Center;

RESOLVED, the Board of Visitors authorizes the Executive Vice President and Chief Operating Officer of the University, with the concurrence of the Chairs of the Medical Center Operating Board and the Finance Committee, to execute one or more contracts for the procurement of a health care information management system that will include an electronic medical record, along with the associated implementation and integration services, for the University of Virginia Medical Center, based on the recommendation of the Vice President and Chief Executive Officer of the Medical Center and in accordance with Medical Center procurement policy.

(Ms. Key asked that it be made a matter of record that she abstained from voting on the above resolution and was not present when it was discussed in Committee.)
APPROVAL OF THE GRIEVANCE PROCEDURE FOR ADMINISTRATIVE AND PROFESSIONAL FACULTY AT THE UNIVERSITY OF VIRGINIA’S COLLEGE AT WISE

(approved by the Committee on The University of Virginia’s College at Wise on February 5, 2009)

RESOLVED, the Board of Visitors approves the Grievance Procedure for Administrative and Professional General Faculty at The University of Virginia’s College at Wise and authorizes the College’s administration to make modifications with prior review of the General Counsel for legal sufficiency. The Grievance Procedure is shown as an attachment to this document.

REPORT ON ACTIONS OF THE EXECUTIVE COMMITTEE

The Rector will report on the following actions taken by the Executive Committee on October 18, and December 11, 2008, and February 4, 2009:

• REPLACEMENT RESOLUTION ON PHASE ONE OF COMMISSION RECOMMENDATION FUNDING ALLOCATION

(approved by the Executive Committee on October 18, 2008)

WHEREAS, the President’s Commission on the Future of the University presented the Board of Visitors with the first phase of plans for the future of the University;

RESOLVED, the Board of Visitors accepts the initial plans of the President’s Commission on the Future of the University and will allocate the one-time funds requested to support these initiatives in the following amounts:

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<tbody>
<tr>
<td>Jefferson Public Citizens</td>
<td>$343,420</td>
<td>$1,691,240</td>
<td>$2,586,963</td>
</tr>
<tr>
<td>Faculty Advancement</td>
<td>426,651</td>
<td>609,168</td>
<td>669,520</td>
</tr>
<tr>
<td>Center for Advanced Study of Teaching and Learning (CASTL)—Higher Education</td>
<td>149,153</td>
<td>355,064</td>
<td>466,592</td>
</tr>
<tr>
<td>Center for Computation-Intense Research and Scholarship</td>
<td>303,760</td>
<td>615,386</td>
<td>626,682</td>
</tr>
</tbody>
</table>
International Programs/Global Education

Scientific, Research & Technology

TOTAL

The Board of Visitors delegates authority to the Rector and the Vice Rector to approve the research and international initiative spending plans. These spending plans must be approved before any allocation in support of the research and international initiatives is made; and

RESOLVED FURTHER, the Board of Visitors requests the chairs of the President’s Commission on the Future of the University draft a budget, implementation plans and timelines, and measures of success for research buildings, graduate student support, and growth of the faculty for presentation and consideration by the Board of Visitors at its Fall 2009 meeting; and

RESOLVED FURTHER, the Executive Vice President and Provost and the Executive Vice President and Chief Operating Officer shall provide reports to the Board of Visitors on an annual basis describing progress on the implementation of the recommendations of the President’s Commission on the Future of the University; and

RESOLVED FURTHER, the foregoing supersedes and repeals anything as may be inconsistent in the Resolution adopted by the Board on October 3, 2008, entitled “Approval of Allocation of Funds to Support Phase One Initiatives of the President’s Commission on the Future of the University.”

• 2008-2009 SALARY FOR PRESIDENT JOHN T. CASTEEN III
(approved by the Executive Committee on December 11, 2008)

WHEREAS, the President’s salary for the forthcoming year customarily is set in the late fall by the Executive Committee, acting on behalf of the full Board of Visitors; and

WHEREAS, the President has informed the Committee that in light of the current economic situation in which no University employees will receive salary rises at this time, he will not take an increase in salary this year;

RESOLVED, the Executive Committee commends the President for his action and will not authorize an increase in salary this year.
• APPROVAL OF THE APPOINTMENT OF WILLIAM P. KANTO, JR., M.D., TO THE MEDICAL CENTER OPERATING BOARD
   (approved by the Executive Committee on December 11, 2008)

   WHEREAS, the Board of Visitors may appoint up to five public Members of the Medical Center Operating Board whose initial terms are not to exceed four years;

   RESOLVED, William P. Kanto, Jr., M.D., of Augusta, Georgia, is appointed to the Medical Center Operating Board as a public Member for the period December 15, 2008, through December 14, 2012.

• ENDORSEMENT OF REVISIONS TO UVIMCO RULES FOR OPERATION OF THE UNITIZED INVESTMENT POOL
   (approved by the Executive Committee on December 11, 2008)

   WHEREAS, the Deposit and Management Agreement between the University of Virginia and the University of Virginia Investment Management Company (UVIMCO) dated July 1, 2007 provides that UVIMCO shall operate the unitized investment Pool in accordance with rules that may be agreed upon from time to time in writing between UVIMCO and the Designee of the President of the University of Virginia; and

   WHEREAS, UVIMCO and the President’s Designee agreed on July 1, 2007 to rules for the operation of the Pool and which were set forth as Exhibit A of the Deposit and Management Agreement; and

   WHEREAS, UVIMCO and the President’s Designee have revised the rules governing the operation of the Pool effective December 9, 2008; and

   WHEREAS, these changes are set forth in the revised Exhibit A, “Rules for the Operation of the Pool as of December 9, 2008”;

   RESOLVED, the Executive Committee of the Board of Visitors of the University of Virginia, acting on behalf of the full Board, endorses the actions of the President’s Designee in revising the rules for operation of the UVIMCO unitized investment pool, effective December 9, 2008.

   Exhibit A is on file at the Office of the Board of Visitors and may be examined there.

• APPROVAL OF ASSIGNMENT OF PAVILION I, WEST LAWN
   (approved by the Executive Committee on February 4, 2009)

   RESOLVED, Pavilion I, West Lawn, is assigned to Dean and Mrs. Robert C. Pianta for a period of four years, beginning in the fall of 2009 or whenever the Pavilion is ready for
occupancy. This assignment is a continuation of Mr. and Mrs.
Pianta's present lease on Pavilion III;

RESOLVED FURTHER, at the expiration of their lease on
Pavilion I, in 2013, Dean and Mrs. Pianta may apply to the
Executive Committee of the Board of Visitors for a renewal of
the lease for a five year term.

• APPROVAL OF ASSIGNMENT OF PAVILION II, EAST LAWN
(approved by the Executive Committee on February 4, 2009)

RESOLVED, Pavilion II, East Lawn, is assigned to Dean
Meredith Jung-En Woo and her husband, Bruce Cumings, for a
period of five years beginning in the summer of 2009, or
whenever the Pavilion is ready for occupancy. At the end of
five years, Dean Woo and Mr. Cumings may apply to the Executive
Committee of the Board of Visitors for a renewal of the lease
for a second five year term.

APPROVAL OF THE SUMMARY OF AUDIT FINDINGS

RESOLVED, the Summary of Audit Findings for the period
August 1, 2008, through December 31, 2008, as presented by the
Chief Audit Executive, is approved as recommended by the Audit
and Compliance Committee.

APPROVAL OF PLAQUE COMMEMORATING PRESIDENT HEREFORD

WHEREAS, Frank Loucks Hereford, Jr., the fifth President of
the University, joined Alpha Tau Omega Fraternity as a student
in 1941; and

WHEREAS, Mr. Hereford died in 2004; and

WHEREAS, Alpha Tau Omega wishes to commemorate President
Hereford with a plaque to be placed on the Grounds of the
University;

RESOLVED, the Board approves the proposed plaque, to be
made of slate 21 inches wide by 27 inches in height, which is to
be placed, level with the ground, on the front lawn of Madison
Hall, the President's Office in 1985, the year Mr. Hereford
retired as President. The text and design of the plaque are
shown on the following page.
APPOINTMENT OF NON-VOTING STUDENT MEMBER TO THE BOARD OF VISITORS

RESOLVED, Rahul Gorawara, a fourth year student in the School of Engineering and a first year student in the Batten School, from Buffalo Grove, Illinois, is appointed the non-voting Student Member of the Board of Visitors. Mr. Gorawara’s term will begin at the conclusion of the 2009 Spring Meeting and will run through the June 2010 Meeting.
MEMORIAL RESOLUTION ON ELSIE GOODWYN HOLLAND

WHEREAS, Elsie Goodwyn Holland was born at McKenney in Dinwiddie County in 1935; and

WHEREAS, Mrs. Holland took a B.A. from Virginia State College, now Virginia State University, in 1955, as well as a Master's degree in 1969; and

WHEREAS, Mrs. Holland took a doctorate in education from the University of Virginia in 1975; and

WHEREAS, Mrs. Holland was committed to public education and was a teacher and school administrator for most of her working life; and

WHEREAS, Mrs. Holland served on several boards and commissions, including the Board of Visitors of Virginia State University; and

WHEREAS, Mrs. Holland was appointed to the Board of Visitors of the University of Virginia by Governor Allen in 1994, the first minority woman to serve on the Board; and

WHEREAS, Mrs. Holland was reappointed for a second term by Governor Gilmore and served until 2003; and

WHEREAS, Mrs. Holland served the Board and the University with great devotion; and

WHEREAS, Mrs. Holland died in Richmond on November 30, 2008;

RESOLVED, the Board of Visitors expresses its profound sorrow at the passing of its friend and former colleague, Elsie Goodwyn Holland and its deepest sympathy to her husband, Kenneth, and to her family.

MEMORIAL RESOLUTION ON GILBERT J. SULLIVAN

WHEREAS, Gilbert J. Sullivan, a native of Fredericksburg, was born in 1928 and matriculated in the University in 1945; and
WHEREAS, Mr. Sullivan took his Bachelor’s degree in 1948 at the age of 19, having been a member of the football team, Sigma Alpha Epsilon, and the Z Society, and later a member of Omicron Delta Kappa and the Raven Society; and

WHEREAS, Mr. Sullivan went to work for the Alumni Association in 1948, after his graduation; and

WHEREAS, Mr. Sullivan became Director of the Alumni Association in 1958, a position he held until his retirement in 1993; and

WHEREAS, the Alumni Association, under Mr. Sullivan’s leadership, underwent great growth, not only in membership but in the range and quality of services and support it offers to alumni and to the University as a whole; and

WHEREAS, this growth and the physical expansion of Alumni Hall constitute a lasting monument to Mr. Sullivan and to his contributions to the University; and

WHEREAS, Mr. Sullivan died in Charlottesville on January 5, 2009;

RESOLVED, the Board of Visitors honors Mr. Sullivan’s achievements and service and devotion to the University, mourns his passing, and expresses its deepest sympathy to Mrs. Sullivan and his family.

MEMORIAL RESOLUTION ON JOHN A. BLACKBURN

WHEREAS, John A. Blackburn, a Marylander, took a B.A. from Western Maryland College in 1963, and after military service, a Master’s from Indiana University; and

WHEREAS, Mr. Blackburn joined the University in 1979 as an Associate Dean of Admission; and

WHEREAS, Mr. Blackburn became Dean of Admission in 1985; and

WHEREAS, Mr. Blackburn, as Dean, committed himself and his staff to raising the academic standards expected of matriculants and to diversifying the undergraduate student body of the University by encouraging minority and international applicants, efforts which have been notably successful; and
WHEREAS, Mr. Blackburn became known nationally for his leadership in making the University accessible to qualified students who otherwise might not have been able to afford a college education, efforts which led to the creation of the program AccessUVa; and

WHEREAS, Mr. Blackburn received the Thomas Jefferson Award in 2008 in recognition of his service and contributions to the University; and

WHEREAS, Mr. Blackburn died in Charlottesville on January 20, 2009;

RESOLVED, the Board of Visitors mourns the passing of John A. Blackburn and expresses its deepest sympathy to Mrs. Blackburn and their children. In so doing, the Board pays tribute to the great and lasting contributions Mr. Blackburn made to the University of Virginia, and to his leadership in his profession.

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The President commented briefly on the service Mrs. Holland, Mr. Sullivan, and Mr. Blackburn gave to the University.
RESOLVED that the following persons are elected to the faculty:

Ms. Elizabeth B. Bradley as Assistant Professor of Research in Medicine, for one year, effective October 1, 2008, at an annual salary of $64,800.

Mr. Zhaohui Chen as Visiting Assistant Professor of Commerce, for one academic year, effective August 25, 2008, at an academic year salary of $157,000.

Dr. Sean T. Corbett as Assistant Professor of Urology, for three years, effective August 11, 2008, at an annual salary of $140,000.

Ms. Alison K. Criss as Assistant Professor of Microbiology, for three years, effective October 1, 2008, at an annual salary of $82,500.

Mr. Mark J. Daniels as Assistant Professor of Research in Molecular Physiology & Biological Physics, for three years, effective August 1, 2008, at an annual salary of $75,000.

Ms. Kelly Dryden as Assistant Professor of Research in Molecular Physiology & Biological Physics, for three years, effective September 15, 2008, at an annual salary of $75,000.

Mr. Charles R. Farber as Assistant Professor of Research in Medicine, for three years, effective September 1, 2008, at an annual salary of $90,000.

Mr. Gabriel Finder as Associate Professor of German, General Faculty, for three academic years, effective August 25, 2008, at an academic year salary of $55,200.

Dr. Erik W. Gunderson as Assistant Professor of Psychiatry and Neurobehavioral Sciences, for three years, effective September 1, 2008, at an annual salary of $125,000.

Dr. Peter T. Hallowell as Assistant Professor of Surgery, for three years, effective October 1, 2008, at an annual salary of $100,000.
Ms. Jennifer E. Hettema as Assistant Professor of Research in Psychiatry and Neurobehavioral Sciences, for one year, effective August 1, 2008, at an annual salary of $70,000.

Dr. Sandra M. Johnson as Associate Professor of Ophthalmology, for three years, effective September 1, 2008, at an annual salary of $100,000.

Mr. Mohsen Kadivar as Visiting Associate Professor of Religious Studies, for one academic year, effective August 25, 2008, at an academic year salary of $60,000.

Mr. Volker Kiessling as Assistant Professor of Research in Molecular Physiology and Biology, effective November 25, 2008, for three years, at an annual salary of $64,800.

Mr. Israel Klich as Assistant Professor of Physics, for four years, effective August 25, 2008, at an academic year salary of $70,000.

Mr. Jiwei Lu as Research Assistant Professor of Materials Science and Engineering, for three years, effective November 25, 2008, at an annual salary of $65,000.

Dr. Robert J. Montero as Assistant Professor of Pediatrics and Assistant Professor of Orthopaedic Surgery, for three years, effective November 3, 2008, at an annual salary of $100,000.

Ms. Carrie R. Nagel as Assistant Professor of Education, for one year, effective September 8, 2008, at an annual salary of $71,500.

Mr. Tianhua Niu as Assistant Professor of Psychiatry and Neurobehavioral Sciences, for one year, effective September 15, 2008, at an annual salary of $72,500.

Ms. Elayne K. Phillips as Assistant Professor of Research in Medicine, for the period July 15, 2008, through February 14, 2009, at an annual salary of $70,000.

Ms. Lois L. Shepherd as Associate Professor of Public Health Sciences in the Center for Biomedical Ethics and Humanities, without term, effective June 2, 2008, and Professor of Law, for the period June 2, 2008, through June 24, 2011, at an annual salary of $175,000.
Mr. Justin Storbeck as Research Assistant Professor of Psychology, for one year, effective September 25, 2008, at an annual salary of $62,300.

Mr. Francesco Viola as Research Assistant Professor of Biomedical Engineering, for one year, effective September 10, 2008, at an annual salary of $65,000.

Dr. Max M. Weder as Assistant Professor of Medicine, for one year, effective October 1, 2008, at an annual salary of $100,000.

Mr. Martin Wu as Assistant Professor of Biology, for four academic years, effective November 25, 2008, at an academic year salary of $74,000.

**ACTIONS RELATING TO CHAIRHOLDERS**

RESOLVED that the actions relating to the Chairholders are approved as shown below:

(a) **Election of Chairholder(s)**

Dr. Brian H. Annex as George A. Beller, M.D./Lantheus Medical Imaging Distinguished Professor of Cardiovascular Medicine and Professor of Medicine, effective July 1, 2008, at an annual salary of $100,000.

Dr. Ted M. Burns as Harrison Distinguished Teaching Associate Professor of Neurology, for five years, effective January 15, 2009. Dr. Burns will continue as Associate Professor of Neurology, without term.

Dr. Kenneth J. Cherry as Edwin P. Lehman Professor of Surgery, effective September 25, 2008. Dr. Cherry will continue as Professor of Surgery, without term.

Mr. Robert J. Davis as Earnest Jackson Oglesby Professor of Engineering and Applied Science, effective May 25, 2009. Mr. Davis will continue as Professor of Engineering, without term.

Dr. Steven T. DeKosky as James Carroll Flippin Professor of Medical Science and Professor of Neurosurgery, effective August 1, 2008, at an annual salary of $650,000.
Ms. Catherine C. Hedrick as Harrison Distinguished Teaching Professor of Molecular Physiology and Biological Physics, effective January 15, 2009. Ms. Hedrick will continue as Professor of Molecular Physiology and Biological Physics, without term, and Professor of Pharmacology and Professor of Medicine, with term.

Mr. Barry M. Horowitz as Walter N. Munster Professor of Research in Intelligence Enhancement, effective May 25, 2009. Mr. Horowitz will continue as Professor of Systems and Information Engineering, without term.

Mr. Barry W. Johnson as L.A. Lacy Distinguished Professor in Engineering, effective June 25, 2009. Mr. Johnson will continue as Professor of Electrical Engineering, without term.

Dr. Victoria F. Norwood as Robert J. Roberts Professor of Pediatrics, effective January 15, 2009. Dr. Norwood will continue as Professor of Pediatrics, without term.

Dr. M. Norman Oliver as Spencer P. Bass, M.D., Twenty-First Century Associate Professor of Family Medicine, for five years, effective January 15, 2009. Dr. Oliver will continue as Associate Professor of Family Medicine, without term, and Associate Professor of Public Health Sciences, with term.

Ms. Deborah W. Parker as Daniels Family Distinguished Teaching Professor of Arts and Sciences, for three years, effective August 25, 2008, at an annual salary of $117,000. Ms. Parker will continue as Professor of Spanish, Italian and Portuguese, without term.

Dr. Richard D. Pearson as Harrison Distinguished Teaching Professor of Medicine, effective October 25, 2008. Dr. Pearson will continue as Professor of Medicine, without term.

Dr. Susan M. Pollart as Ruth E. Murdaugh Associate Professor of Family Practice in the School of Medicine, effective September 4, 2008, for five years. Dr. Pollart will continue as Associate Professor of Family Medicine, without term.
Mr. John R. Scully as Charles Henderson Professor of Engineering, effective May 25, 2009. Mr. Scully will continue as Professor of Materials Science and Engineering, without term.

Mr. Brantly Womack as Hugh S. and Winifred B. Cumming Memorial Professor of International Affairs, for three years, effective August 25, 2008. Mr. Womack will continue as Professor of Politics, without term.

(b) Change of Title of Chairholders

Dr. Mark F. Abel from Alfred R. Shands, Jr., Professor of Orthopaedics and Rehabilitation to Lillian T. Pratt Distinguished Professor of Orthopaedic Surgery, effective September 25, 2008. Dr. Abel will continue as Professor of Orthopaedic Surgery, without term.

Mr. Mitchell S. Green from Cavaliers’ Distinguished Teaching Associate Professor to Cavaliers’ Distinguished Teaching Professor, effective August 25, 2008. Mr. Green will continue as Professor of Philosophy, without term.

(c) Special Salary Action of Chairholders

Mr. L.J. Bourgeois, III, Paul M. Hammaker Professor of Business Administration, effective August 25, 2008, at an academic year salary of $161,300.

Mr. David S. Cafiso, Commonwealth Professor of Chemistry, effective August 25, 2008, at an annual salary of $200,900.

Mr. Edward W. Davis, Oliver Wight Professor of Business Administration, effective August 25, 2008, at an academic year salary of $134,400.

Mr. Sherwood C. Frey, Jr., Ethyl Corporation Professor of Business Administration, effective August 25, 2008, at an annual salary of $177,225.

Mr. Daniel P. Hallahan, Charles S. Robb Professor of Education, effective August 25, 2008, at an academic year salary of $173,500.
Ms. Erika H. James, Bank of America Research Associate Professor of Business Administration, effective August 25, 2008, at an academic year salary of $148,000.

Ms. Jeanne M. Liedtka, Johnson and Higgins Professor of Business Administration, effective August 25, 2008, at an academic year salary of $183,400.

Ms. Luann J. Lynch, Robert F. Vandell Research Associate Professor, effective August 25, 2008, at an academic year salary of $197,500.

Mr. Sidney M. Milkis, White Burkett Miller Professor of Government and Foreign Affairs, effective August 25, 2008, at an annual salary of $214,400.

Mr. Dennis R. Proffitt, Commonwealth Professor of Psychology, effective August 25, 2008, at an annual salary of $200,000.

(d) Retirement of Chairholders

Mr. Bruce Gansneder, Curry Memorial Professor of Education, effective December 24, 2008. Mr. Gansneder has been a member of the faculty since September 1, 1970.

Mr. Lester A. Hoel, L.A. Lacy Distinguished Professor of Engineering, effective June 24, 2009. Mr. Hoel has been a member of the faculty since September 1, 1974.

Mr. William A. Jesser, Thomas Goodwin Digges Professor of Materials Science, effective May 24, 2009. Mr. Jesser has been a member of the faculty since February 1, 1968.

Dr. Gwo-Jaw Wang, Lillian T. Pratt Professor of Orthopaedics, effective December 31, 2000. Dr. Wang has been a member of the faculty since July 1, 1974.

(e) Resignation of Chairholder

Dr. Fabio Cominelli as David D. Stone Professor of Internal Medicine, effective October 31, 2008, to accept another position.
CORRECTION TO THE ELECTION OF MR. MICHAEL J. LENOX

RESOLVED that the election of Mr. Michael J. Lenox as Johnson and Higgins Professor of Business Administration, effective June 25, 2008, at an annual salary of $300,000, as stated in the Minutes of the meeting of the Board of Visitors dated October 4, 2008, be corrected to read as follows:

Mr. Michael J. Lenox as Samuel L. Slover Research Professor, effective June 25, 2008, at an annual salary of $300,000. Mr. Lenox will continue as Professor of Business Administration, without term.

PROMOTIONS

RESOLVED that the following persons are promoted:

Ms. Claudia W. Allen from Assistant Professor of Family Medicine, with term, to Associate Professor of Family Medicine, for three years, at an annual salary of $92,500, effective July 1, 2008.

Mr. Alexander G. Gilliam, Jr. from Assistant Professor, General Faculty, to Professor, General Faculty, for the period March 1, 2009, through April 30, 2012.

Mr. Mitchell S. Green from Associate Professor of Philosophy to Professor of Philosophy, effective August 25, 2008.

Ms. Catherine C. Hedrick from Associate Professor of Molecular Physiology and Biological Physics, without term, and Associate Professor of Pharmacology and Associate Professor of Medicine, with term, to Professor of Molecular Physiology and Biological Physics, without term, and Professor of Pharmacology and Professor of Medicine, for three years, effective January 15, 2009.

Mr. Andrew M. Stauffer from Associate Professor of English, with term, to Associate Professor of English, without term, effective August 25, 2008.
Ms. Ishan C. Williams from Research Assistant Professor of Nursing, to Assistant Professor of Nursing, for one academic year, at an academic year salary of $68,900, effective August 25, 2008.

SPECIAL SALARY ACTIONS

RESOLVED that the following persons shall receive the salary indicated:

Ms. Patricia S. Allinson, Lecturer in Pediatrics, effective August 1, 2008, at an annual salary of $62,895.

Ms. Alexis L. Andres, Lecturer, General Faculty, effective October 6, 2008, at an annual salary of $65,000.

Ms. Ottilie F. Austin, Assistant Professor, General Faculty, effective August 25, 2008, at an annual salary of $77,500.

Ms. Hilary Bart-Smith, Associate Professor of Mechanical and Aerospace Engineering, effective October 25, 2008, at an annual salary of $129,700.

Ms. Lora D. Baum, Assistant Professor of Psychiatry and Neurobehavioral Sciences, effective July 25, 2008, at an annual salary of $55,200.

Mr. Peter M. Bernardino, Lecturer, General Faculty, effective June 25, 2008, at an annual salary of $96,000.

Mr. Brett R. Blackman, Assistant Professor of Biomedical Engineering, effective August 25, 2008, at an annual salary of $124,500.

Mr. Brian P. Boland, Lecturer, General Faculty, effective June 25, 2008, at an annual salary of $115,000.

Mr. Edmund D. Brodie, III, Professor of Biology, effective September 25, 2008, at an annual salary of $156,800.

Mr. Troy S. Buer, Lecturer in Medical Education, effective November 10, 2008, at an annual salary of $70,000.
Mr. David E. Carr, Research Associate Professor of Environmental Sciences, effective October 10, 2008, at an annual salary of $85,200.

Mr. Daniel J. Cox, Professor of Psychiatry and Neurobehavioral Sciences, without term, and Professor of Medicine, with term, effective August 25, 2008, at an annual salary of $172,800.

Mr. Maurice D. Cox, Associate Professor of Architecture, effective January 1, 2008, at an annual salary of $137,925.

Mr. Stewart P. Craig, Lecturer in Medical Education, effective November 17, 2008, at an annual salary of $143,000.

Mr. Drew P. Diener, Lecturer, General Faculty, effective September 1, 2008, at an annual salary of $91,000.

Mr. Dudley J. Doane, Lecturer, General Faculty, effective August 25, 2008, at an annual salary of $109,000.

Mr. George V. Gelnovatch, Lecturer, General Faculty, effective July 25, 2008, at an annual salary of $83,000.

Ms. Katherine Gibson, Lecturer, General Faculty, effective October 29, 2008, at an annual salary of $57,000.

Mr. Michael D. Greco, Lecturer, General Faculty, effective August 25, 2008, at an annual salary of $84,700.

Mr. Bruce W. Holsinger, Professor of Music and English, effective August 25, 2008, at an annual salary of $125,100.

Mr. S. Bradley Hunt, Lecturer, General Faculty, effective October 25, 2008, at an annual salary of $40,000.

Ms. Vickie L. Inge, Assistant Professor, General Faculty, effective August 25, 2008, at an annual salary of $67,500.

Mr. Sean K. Jenkins, Lecturer, General Faculty, effective August 1, 2008, at an annual salary of $70,000.
Ms. Claire N. Kaplan, Lecturer, General Faculty, effective July 25, 2008, at an annual salary of $58,900.

Mr. Michael L. Koenig, Lecturer, General Faculty, effective September 25, 2008, at an annual salary of $126,500.

Mr. Michael B. Lawrence, Associate Professor of Biomedical Engineering, effective October 1, 2008, at an annual salary of $146,500.

Mr. Russell W. Lentner, Lecturer, General Faculty, effective August 25, 2008, at an annual salary of $73,800.

Mr. Arthur W. Lichtenberger, Research Professor of Electrical and Computer Engineering, effective November 25, 2008, at an annual salary of $132,400.

Ms. Shawn E. Lipinski, Lecturer in Pediatrics, effective August 1, 2008, at an annual salary of $48,950.

Ms. Deandra Little, Assistant Professor, General Faculty, effective June 25, 2008, at an annual salary of $51,600.

Mr. Paul S. Martin, Assistant Professor, General Faculty, effective August 25, 2008, at an annual salary of $67,200.

Mr. James S. Matteo, Lecturer, General Faculty, effective October 25, 2008, at an annual salary of $159,600.

Ms. Susan McKinnon, Professor of Anthropology, effective August 25, 2008, at an academic salary of $92,100.

Ms. Rachel N. Miller, Lecturer, General Faculty, effective August 25, 2008, at an annual salary of $56,700.

Dr. Dilaawar Mistry, Associate Professor of Physical Medicine and Rehabilitation and Associate Professor of Medicine, effective November 1, 2008, at an annual salary of $154,400.

Ms. Rachel Most, Professor, General Faculty, effective August 25, 2008, at an annual salary of $105,500.
Mr. Craig S. Nunemaker, Assistant Professor of Medicine, effective July 1, 2008, at an annual salary of $72,000.

Dr. Benjamin B. Peeler, Associate Professor of Surgery and Associate Professor of Pediatrics, effective October 1, 2008, at an annual salary of $200,000.

Mr. Charles J. Perry, Jr., Lecturer in Family Medicine, effective July 25, 2008, at an annual salary of $116,000.

Ms. Elayne K. Phillips, Assistant Professor of Research in Medicine, effective August 25, 2008, at an annual salary of $90,000.

Ms. Lynda J. Phillips-Madson, Professor, General Faculty, effective October 25, 2008, at an annual salary of $137,400.

Mr. Jeffrey Plank, Lecturer, General Faculty, effective November 14, 2008, at an annual salary of $131,220.

Ms. Elizabeth A. Potts, Lecturer, General Faculty, effective August 25, 2008, at an annual salary of $70,500.

Ms. Joy K. Pugh, Lecturer, General Faculty, effective July 25, 2008, at an annual salary of $48,500.

Ms. Julie W. Richardson, Lecturer, General Faculty, effective October 25, 2008, at an annual salary of $102,800.

Mr. Paul J. Rushton, Research Assistant Professor of Biology, effective August 15, 2008, at an annual salary of $64,800.

Ms. Karen L. Ryan, Professor of Slavic Languages and Literatures, effective August 25, 2008, at an academic year salary of $157,600.

Ms. Barbara A. Spellman, Professor of Psychology and Law, effective August 25, 2008, at an academic year salary of $110,000.

Mr. Daniel W. Steeper, Lecturer, General Faculty, effective September 25, 2008, at an annual salary of $63,100.
Mr. Matthew J. Thomas, Lecturer in Pediatrics, effective August 1, 2008, at an annual salary of $44,100.

Ms. Elizabeth K. Thurston, Assistant Professor of Commerce, General Faculty, effective October 25, 2008, at an academic year salary of $111,500.

Mr. Brian R. Wamhoff, Assistant Professor of Medicine, effective August 1, 2008, at an annual salary of $100,900.

Mr. Melvin N. Wilson, Professor of Psychology, effective August 25, 2008, at an academic year salary of $109,800.

CORRECTION TO THE SPECIAL SALARY ACTION FOR MR. VIKAS CHANDRA

RESOLVED that the special salary action of Mr. Vikas Chandra, Instructor in Pharmacology, effective May 25, 2008, at an annual salary of $50,000, as stated in the Minutes of the meeting of the Board of Visitors dated October 4, 2008, be corrected to read as follows:

Mr. Vikas Chandra, Instructor in Pharmacology, effective June 25, 2008, at an annual salary of $50,000.

RESIGNATIONS

The following resignations were announced:

Mr. Viktor E. Bovbjerg, Associate Professor of Public Health Sciences, effective September 30, 2008, to accept another position.

Dr. Geir I. Elgjo, Assistant Professor of Anesthesiology, effective July 31, 2008, to accept another position.

Ms. Nataly H. Gat tegno, Assistant Professor of Architecture, effective August 24, 2008, to accept another position.

Dr. Edward M. Kantor, Associate Professor of Psychiatry and Neurobehavioral Sciences, effective November 3, 2008, to accept another position.
Ms. Susan O. Morelli, Assistant Professor, General Faculty, effective September 1, 2008, to accept another position.

Dr. Emma M. Morton-Eggleston, Assistant Professor of Medicine, effective September 30, 2008, to accept another position.

Ms. Holly A. Robertson, Assistant Librarian, General Faculty, Alderman Library, effective September 30, 2008, for personal reasons.

Mr. David M. Smalley, Assistant Professor of Research in Microbiology, effective August 31, 2008, to accept another position.

RETIREMENTS

The following retirements were announced:

Dr. Willie A. Andersen, Professor of Obstetrics and Gynecology, effective July 3, 2009. Dr. Andersen has been a member of the faculty since July 1, 1978.

Dr. William P. Arnold, Associate Professor of Anesthesiology, effective November 30, 2008. Dr. Arnold has been a member of the faculty since July 1, 1978.

Ms. Millicent S. Aron, Professor of History, effective May 24, 2009. Ms. Aron has been a member of the faculty since September 1, 1981.

Mr. Michael J. Bednar, Professor of Architecture, effective August 24, 2009. Mr. Bednar has been a member of the faculty September 1, 1972.

Mr. Malcolm Bell, III, Professor of Art, effective May 24, 2009. Mr. Bell has been a member of the faculty since September 1, 1971.

Mr. Thomas W. Best, Professor of German, effective May 24, 2009. Mr. Best has been a member of the faculty since September 1, 1967.
Mr. Harold J. Burbach, Professor of Education, effective June 24, 2009. Mr. Burbach has been a member of the faculty since September 1, 1970.

Ms. Patricia C. Click, Associate Professor of Science, Technology, and Society, effective May 24, 2009. Ms. Click has been a member of the faculty since September 1, 1982.

Mr. Sergio Conetti, Professor of Physics, effective January 9, 2009. Mr. Conetti has been a member of the faculty since September 1, 1989.

Mr. Paul M. Fishbane, Professor of Physics, effective January 9, 2009. Mr. Fishbane has been a member of the faculty since September 1, 1971.

Dr. Thomas J. Gal, Professor of Anesthesiology, effective July 1, 2008. Dr. Gal has been a member of the faculty since July 1, 1975.

Mr. David T. Haberly, Professor of Spanish, Italian, and Portuguese, effective May 24, 2009. Mr. Haberly has been a member of the faculty since September 1, 1973.

Mr. Donald J. Kirwan, Professor of Chemical Engineering, effective August 24, 2009. Mr. Kirwan has been a member of the faculty since February 1, 1970.

Mr. Neal K. LaFleur, Associate Professor of Education, effective May 24, 2009. Mr. LaFleur has been a member of the faculty since September 1, 1970.

Ms. Kathleen M. May, Associate Professor of Education, effective January 9, 2009. Ms. May has been a member of the faculty since September 1, 1989.

Mr. Jan Louis Perkowski, Professor of Slavic Languages and Literatures effective May 24, 2009. Mr. Perkowski has been a member of the faculty since September 1, 1974.

Dr. Alan D. Rogol, Professor of Pediatrics, effective July 1, 2002. Dr. Rogol has been a member of the faculty since June 1, 1975.
Mr. John A. Sanderson, Associate Professor of Education, effective May 24, 2009. Mr. Sanderson has been a member of the faculty since September 1, 1964.

Ms. Betty H. Sapir, Assistant Professor of French, effective May 24, 2009. Ms. Sapir has been a member of the faculty since September 1, 1979.

Mr. Zahrl G. Schoeny, Associate Professor of Education, effective December 24, 2008. Mr. Schoeny has been a member of the faculty since September 1, 1970.

Mr. David G. Smith, Professor of Commerce, effective January 10, 2009. Mr. Smith has been a member of the faculty since September 1, 1974.

Mr. Robert L. Wilken, Professor of Religious Studies, effective May 24, 2009. Mr. Wilken has been a member of the faculty since September 1, 1985.

APPOINTMENT

The following appointment was announced:

Mr. Alexander G. Gilliam, Jr., as University History Officer, for three years, effective May 1, 2009. Mr. Gilliam will continue his duties as University Protocol Officer.

RE-APPOINTMENTS

The following re-appointments were announced:

Mr. James M. Adams, as Vice Provost for Academic Programs, for five years, effective August 25, 2008.

Ms. Kathryn L. Jarvis, as Special Assistant to the Senior Vice President for Development and Public Affairs, for the period of February 1, 2006, through January 1, 2009.

Ms. Daisy L. Lovelace, as Assistant to the Vice President and Chief Officer for Diversity and Equity, for three years, effective February 12, 2009.
Ms. Judy A. Maretta, as Director of Space and Real Estate Management, for three years, effective November 25, 2008.

Ms. Christina Morell, as Associate Vice President for Student Affairs, for three years, effective December 25, 2008.

Ms. Lynda J. Phillips-Madson, as Associate Dean for Academic Affairs, for the period of October 1, 2008, through June 24, 2010.

Ms. Alison E. Traub as Assistant Vice President for Development, for three years, effective April 25, 2008.

ELECTION OF PROFESSORS EMERITI

RESOLVED that the following persons are elected Professor Emeritus:

Dr. Willie A. Andersen, Professor of Obstetrics and Gynecology, effective July 3, 2009.

Ms. Millicent A. Aron, Professor of History, effective May 24, 2009.

Mr. Michael J. Bednar, Professor of Architecture, effective August 24, 2009.

Mr. Malcolm Bell, III, Professor of Art, effective May 24, 2009.

Mr. Thomas W. Best, Professor of German, effective May 24, 2009.

Mr. Harold J. Burbach, Professor of Education, effective June 24, 2009.

Mr. Sergio Conetti, Professor of Physics, effective January 9, 2009.

Mr. Paul M. Fishbane, Professor of Physics, effective January 9, 2009.

Dr. Thomas J. Gal, Professor of Anesthesiology, effective July 1, 2008.
Mr. Bruce Gansneder, Curry Memorial Professor of Education, effective December 24, 2008.

Mr. David T. Haberly, Professor of Spanish, Italian, and Portuguese, effective May 24, 2008.

Mr. Lester A. Hoel, L.A. Lacy Distinguished Professor of Engineering, effective June 24, 2009.

Mr. William A. Jesser, Thomas Goodwin Digges Professor of Materials Science, effective May 24, 2009.

Mr. Donald J. Kirwan, Professor of Chemical Engineering, effective August 24, 2009.

Mr. Jan Louis Perkowski, Professor of Slavic Languages and Literature, effective May 24, 2009.

Dr. Alan D. Rogol, Professor of Pediatrics, effective July 1, 2002.

Mr. David G. Smith, Professor of Commerce, effective January 10, 2009.

Dr. Gwo-Jaw Wang, Lillian T. Pratt Professor of Orthopaedics, effective December 31, 2000.

Mr. Robert L. Wilken, Professor of Religious Studies, effective May 24, 2009.

ELECTION OF ASSOCIATE PROFESSORS EMERITI

RESOLVED that the following persons are elected Associate Professor Emeritus:

Dr. William P. Arnold, Associate Professor of Clinical Anesthesiology, effective November 30, 2008.

Ms. Patricia C. Click, Associate Professor of Science, Technology, and Society, effective May 24, 2009.

Mr. Neal K. LaFleur, Associate Professor of Education, effective May 24, 2009.
Ms. Kathleen M. May, Associate Professor of Education, effective January 9, 2009.

Mr. John A. Sanderson, Associate Professor of Education, effective May 24, 2009.

Mr. Zahrl G. Schoeny, Associate Professor of Education, effective December 24, 2008.

**ELECTION OF DR. STEVEN T. DEKOSKY AS VICE PRESIDENT AND DEAN, SCHOOL OF MEDICINE**

RESOLVED, that Dr. Steven T. DeKosky is elected as Vice President and Dean, School of Medicine, for five years, effective August 1, 2008.

**RE-ELECTION OF MS. COLETTE SHEEHY AS VICE PRESIDENT FOR MANAGEMENT AND BUDGET**

RESOLVED, that Ms. Colette Sheehy is re-elected as Vice President for Management and Budget, for five years, effective November 25, 2008.

**RE-ELECTION OF MR. R. EDWARD HOWELL AS VICE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE UNIVERSITY OF VIRGINIA MEDICAL CENTER**

RESOLVED that Mr. R. Edward Howell is re-elected as Vice President and Chief Executive Officer of the University of Virginia Medical Center, effective February 25, 2009, for three years.

**DEATHS**

The following deaths were announced:

Mr. John A. Blackburn, Associate Professor, General Faculty, and Dean of Admissions, died January 20, 2008. Mr. Blackburn had been Dean of Admissions since 1985 and a member of the faculty since 1979.

Mr. James G. Hagan, Professor Emeritus of Art, died September 13, 2008. Mr. Hagan had been a member of the faculty since 2003.
Dr. Robert C. Haynes, Professor of Pharmacology, died December 23, 2008. Dr. Haynes had been a member of the faculty since 1969, until his retirement in 1990.

Ms. Charlotte Kohler, Professor Emeritus of English, died September 16, 2008. Ms. Kohler had been a member of the faculty since 1946, until her retirement in 1979.

Mr. Enno E. Kraehe, Commonwealth Professor and Corcoran Professor of History, died December 4, 2008. Mr. Kraehe had been a member of the faculty since 1977, until his retirement in 1991.

Mr. Charles O. Meiburg, J. Harvie Wilkinson, Jr. Professor Emeritus of Business Administration, died September 13, 2008. Mr. Meiburg had been a member of the faculty since 1964, until his retirement in 1999.

Mr. Pradip N. Sheth, Associate Professor of Mechanical and Aerospace Engineering, died January 6, 2009. Mr. Sheth had been a member of the faculty since 1985.
THE UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE

ELECTION

RESOLVED that the following person is elected to the faculty:

Ms. Ruth E. Roman as Assistant Professor of Spanish, The University of Virginia's College at Wise, for two academic years, effective August 25, 2008, at an academic year salary of $45,000.

SPECIAL SALARY ACTION

RESOLVED that the following person shall receive the salary indicated:

Mr. Simeon E. Ewing, Lecturer, General Faculty, The University of Virginia's College at Wise, effective July 25, 2008, at an annual salary of $135,000.

APPOINTMENT

The following appointment was announced:

Ms. Tamara S. Ely, as Vice Chancellor for Development and College Relations, The University of Virginia's College at Wise, for five years, effective November 25, 2008, at an annual salary of $108,000.

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On motion, the meeting was adjourned at 3:05 p.m.

Alexander G. Gilliam, Jr.
Secretary, Board of Visitors,
University of Virginia

AGG: jb
These minutes have been posted to the University of Virginia's Board of Visitors website.
http://www.virginia.edu/bov/publicminutes.html
CERTIFICATION OF EXECUTIVE MEETING

The Board of Visitors, sitting in Open Session, unanimously adopted a resolution certifying that while meeting in Executive Session – as permitted by the relevant provisions of the Code of Virginia – only public business authorized by its motion and lawfully exempted from consideration were discussed in closed session.

Alexander G. Gilliam, Jr.
Secretary, Board of Visitors,
University of Virginia
RESOLUTIONS NOT REQUIRING ACTION BY THE FULL BOARD

The following resolutions were adopted in Board Committees and do not have to be approved by the full Board; they are enumerated below as a matter of record.

MEDICAL CENTER OPERATING BOARD – DECEMBER 4, 2008

APPROVAL OF SIGNATORY AUTHORITY FOR MEDICAL CENTER PROCUREMENT OF SPINAL IMPLANTS AND RELATED PRODUCTS AND SERVICES

RESOLVED, the Board of Visitors authorizes the Executive Vice President and Chief Operating Officer of the University to execute a contract for spinal implants and related products and services, based upon the recommendation of the Vice President and Chief Executive Officer of the Medical Center in accordance with Medical Center procurement policy.

CREDENTIALING AND RECREDEDENTIALING ACTIONS – DECEMBER 4, 2008

NEW APPOINTMENTS TO THE CLINICAL STAFF

RESOLVED that the recommendations of the Clinical Staff Executive Committee for appointment to the Clinical Staff of the University of Virginia Medical Center and the granting of specific privileges to the following practitioners are approved:

Abi-Jaoudeh, Nadine M.D., Radiologist in the Department of Radiology; Attending Staff Status; Period of Appointment: September 18, 2008, through September 17, 2009; Privileged in Radiology.

Archbald-Pannone R., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: October 10, 2008, through October 9, 2009; Privileged in Medicine.

Bailey, Elaine T., Ph.D., Psychologist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Appointment: November 3, 2008, through September 2, 2009; Privileged in Psychology.
Bakhru, Ritu, M.D., Physician in Regional Primary Care; Attending Staff Status; Period of Appointment: October 28, 2008, through October 27, 2009; Privileged in Family Medicine.

Bissram, Melisha, M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: September 8, 2008, through September 7, 2009; Privileged in Medicine.

Bonatti, Hugo, M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Appointment: October 27, 2008, through August 31, 2009; Privileged in Surgery.

Boswell, Michael D., M.D., Physician in the Department of Medicine; Consulting Staff Status; Period of Appointment: November 14, 2008, through November 13, 2009; Privileged in Medicine.

Brengman, Matthew L., M.D., Surgeon in the Department of Surgery; Visiting Staff Status; Period of Appointment: October 10, 2008, through October 9, 2009; Privileged in Surgery.

Gazoni, Farnaz, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Appointment: September 19, 2008, through September 14, 2009; Privileged in Anesthesiology.

Giuliano, Vincent J., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: July 24, 2008, through May 31, 2009; Privileged in Medicine.

Gunderson, Erik W., M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Appointment: September 8, 2008, through August 31, 2009; Privileged in Psychiatry.

Hallowell, Peter T., M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Appointment: October 16, 2008, through September 30, 2009; Privileged in Surgery.

Jeyanandaraja, Dhiraj R., M.D., Neurologist in the Department of Neurology; Consulting Staff Status; Period of Appointment: September 15, 2008, through September 14, 2009; Privileged in Neurology.
Nunley, Wallace C., M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Period of Appointment: October 9, 2008, through September 30, 2009; Privileged in Obstetrics and Gynecology.

O’Brien, Richard A., M.D., Neurologist in the Department of Neurology; Consulting Staff Status; Period of Appointment: September 15, 2008, through September 14, 2009; Privileged in Neurology.

Smagalski, Gary W., D.D.S., Dentist in the Department of Dentistry; Attending Staff Status; Period of Appointment: November 10, 2008, through September 30, 2009; Privileged in Dentistry.

Thomas, Cornelius W., M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Instructor Staff Status; Period of Appointment: November 2, 2008, through November 1, 2009; Privileged in Psychiatry.

Vance, Michael S., M.D., Pediatrician in the Department of Pediatrics; Visiting Staff Status; Period of Appointment: September 29, 2008, through September 28, 2009; Privileged in Pediatrics.

Weder, Max M., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: October 1, 2008, through September 30, 2009; Privileged in Medicine.

Xavier, Andreea S., M.D., Physician in the Department of Medicine; Consulting Staff Status; Period of Appointment: November 14, 2008, through November 13, 2009; Privileged in Medicine.

**REAPPOINTMENTS TO THE CLINICAL STAFF**

RESOLVED that the recommendations of the Clinical Staff Executive Committee for reappointment to the Clinical Staff of the University of Virginia Medical Center and the granting of specific privileges to the following practitioners are approved:

Abel, Mark F., M.D., Orthopedic Surgeon in Chief in the Department of Orthopedic Surgery; Attending Staff Status; Period of Reappointment: January 1, 2009 through December 31, 2010; Privileged in Orthopedic Surgery.
Alford, Bennett A., M.D., Radiologist in the Department of Radiology; Attending Staff Status; Period of Reappointment: January 1, 2009, through December 31, 2010; Privileged in Radiology.

Baglio, Robert J., D.P.M., Podiatrist in the Department of Medicine; Attending Staff Status; Period of Reappointment: May 15, 2009, through May 14, 2011; Privileged in Podiatry.

Bassignani, Matthew J., M.D., Radiologist in the Department of Radiology; Attending Staff Status; Period of Reappointment: April 25, 2008, through April 24, 2011; Privileged in Radiology.

Binder, Alan J., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 14, 2009, through January 13, 2011; Privileged in Medicine.

Bonds, Denise E., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 4, 2009, through January 3, 2010; Privileged in Medicine.

Brenin, David, M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Reappointment: May 20, 2009 through May 19, 2011; Privileged in Surgery.

Chastain, Dania, Ph.D., Psychologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: May 3, 2009 through May 2, 2011; Privileged in Psychology.

Conley, Thomas E., M.D., Neurologist in the Department of Neurology; Consulting Staff Status; Period of Reappointment: March 17, 2009, through March 16, 2011; Privileged in Neurology.

Connelly, Julia E., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 1, 2009, through December 31, 2010; Privileged in Medicine.

Cousar, John B., M.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Reappointment: February 1, 2009, through January 31, 2011; Privileged in Pathology.
Crampton, Richard S., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 1, 2009, through December 31, 2010; Privileged in Medicine.

Cropley, Thomas G., M.D, Dermatologist in Chief in the Department of Dermatology; Attending Staff Status; Period of Reappointment: April 1, 2009, through March 31, 2011; Privileged in Dermatology.

DeGood, Douglas E., Ph.D., Psychologist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Reappointment: January 1, 2009, through December 31, 2009; Privileged in Psychology.

Dolenc, Vinko V., M.D., Neurosurgeon in the Department of Neurosurgery; Attending Staff Status; Period of Reappointment: January 16, 2009, through January 15, 2011; Privileged in Neurosurgery.

Duong, Phuong-Anh T., M.D., Radiologist in the Department of Radiology; Attending Staff Status; Period of Reappointment: April 1, 2009, through March 31, 2011; Privileged in Radiology.

Eagleson, Christine A., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 30, 2009, through January 29, 2010; Privileged in Medicine.

Escanellas, Jaime, M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 2, 2009, through January 1, 2011; Privileged in Medicine.

Fletcher, Page M., M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Reappointment: April 1, 2009, through March 31, 2011; Privileged in Psychiatry.

Forbes, John W., M.D., Physician in Regional Primary Care; Attending Staff Status; Period of Reappointment: February 1, 2009, through January 31, 2011; Privileged in Family Medicine.

Foster, William C., M.D., Orthopedic Surgeon in the Department of Orthopedic Surgery; Attending Staff Status; Period of Reappointment: January 1, 2009, through December 31, 2009; Privileged in Orthopedic Surgery.
Galazka, Sim S., M.D., Physician in Chief in the Department of Family Medicine; Attending Staff Status; Period of Reappointment: April 1, 2009, through March 31, 2011; Privileged in Family Medicine.

Goldberg, Mark, M.D., Physician in Regional Primary Care; Attending Staff Status; Period of Reappointment: February 23, 2009, through February 22, 2011; Privileged in Family Medicine.

Grosh, William W., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 1, 2009, through December 31, 2010; Privileged in Medicine.

Hagspiel, Klaus D., M.D., Radiologist in the Department of Radiology; Attending Staff Status; Period of Reappointment: January 1, 2009, through December 31, 2010; Privileged in Radiology.

Hatter, Dennis L., M.D., Physician in Regional Primary Care; Attending Staff Status; Period of Reappointment: February 1, 2009, through January 31, 2011; Privileged in Family Medicine.

Herbert, William N., M.D., Obstetrician and Gynecologist in Chief in the Department of Obstetrics and Gynecology; Attending Staff Status; Period of Reappointment: January 1, 2009, through December 31, 2010; Privileged in Obstetrics and Gynecology.

Hillman, Bruce J., M.D., Radiologist in the Department of Radiology; Attending Staff Status; Period of Reappointment: January 1, 2009, through December 31, 2010; Privileged in Radiology.

Hutcheson, Grace A., M.D., Physician in the Department of Medicine; Consulting Staff Status; Period of Reappointment: April 25, 2009, through April 24, 2011; Privileged in Medicine.

Indihar, Maria V., M.D., Physician in the Department of Medicine; Consulting Staff Status; Period of Reappointment: December 3, 2009, through December 2, 2011; Privileged in Medicine.
Keith, Douglas S., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: February 4, 2009, through February 3, 2011; Privileged in Medicine.

Kelly, Heather C., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: April 1, 2009, through March 31, 2010; Privileged in Anesthesiology.

Kerrigan, Deirdre C., M.D., Physiatrist in Chief in the Department of Physical Medicine and Rehabilitation; Attending Staff Status; Period of Reappointment: April 1, 2009, through March 31, 2011; Privileged in Physical Medicine and Rehabilitation.

Kersh, Charles R., M.D., Radiation Oncologist in the Department of Radiation Oncology; Attending Staff Status; Period of Reappointment: March 1, 2009, through February 28, 2010; Privileged in Radiation Oncology.

Khandelwal, Shiv R., M.D., Radiation Oncologist in the Department of Radiation Oncology; Attending Staff Status; Period of Reappointment: February 16, 2009, through February 15, 2011; Privileged in Radiation Oncology.

Lambert, Vaia A., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: February 1, 2009, through January 31, 2010; Privileged in Anesthesiology.

Leone, Kenneth V., M.D., Neurologist in the Department of Neurology; Attending Staff Status; Period of Reappointment: March 31, 2009, through March 30, 2011; Privileged in Neurology.

McLaren, Nancy M., M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: December 13, 2009, through December 12, 2011; Privileged in Pediatrics.

McLinskey, Nancy A., M.D., Neurologist in the Department of Neurology; Attending Staff Status; Period of Reappointment: May 25, 2009, through May 24, 2011; Privileged in Neurology.
McMasters, Mary G., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: February 1, 2009, through January 31, 2011; Privileged in Medicine.

Miller, Richard B., M.D., Physician in Regional Primary Care; Attending Staff Status; Period of Reappointment: February 1, 2009, through January 31, 2011; Privileged in Family Medicine.

Moxley, Michael D., M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Period of Reappointment: April 15, 2009, through April 14, 2011; Privileged in Obstetrics and Gynecology.

Nathan, Robert B.J., M.D., Neurologist in the Department of Neurology; Attending Staff Status; Period of Reappointment: May 7, 2009, through May 6, 2011; Privileged in Neurology.

Patel, Rachna D., M.D., Ophthalmologist in the Department of Ophthalmology; Attending Staff Status; Period of Reappointment: April 1, 2009, through March 31, 2011; Privileged in Ophthalmology.

Peters, Craig A., M.D., Urologist in the Department of Urology; Attending Staff Status; Period of Reappointment: January 20, 2009, through January 19, 2011; Privileged in Urology.

Phillips, Frank H., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: May 2, 2009, through May 1, 2010; Privileged in Anesthesiology.

Read, Paul W., M.D., Radiation Oncologist in the Department of Radiation Oncology; Attending Staff Status; Period of Reappointment: March 1, 2009, through February 28, 2011; Privileged in Radiation Oncology.

Romness, Mark J., M.D., Orthopedic Surgeon in the Department of Orthopedic Surgery; Attending Staff Status; Period of Reappointment: January 23, 2009, through January 22, 2011; Privileged in Orthopedic Surgery.
Roshandel, Zia, M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: January 22, 2009, through January 21, 2011; Privileged in Medicine.

Schiff, David, M.D., Neurologist in the Department of Neurology; Attending Staff Status; Period of Reappointment: January 16, 2009, through January 15, 2011; Privileged in Neurology.

Schustek, Samuel H., D.P.M., Podiatrist in the Department of Medicine; Attending Staff Status; Period of Reappointment: May 15, 2009, through May 14, 2011; Privileged in Podiatry.

Sefczek, Donna M., M.D., Radiologist in the Department of Radiology; Attending Staff Status; Period of Reappointment: February 1, 2009, through January 31, 2011; Privileged in Radiology.

Sefczek, Robert J., M.D., Radiologist in the Department of Radiology; Attending Staff Status; Period of Reappointment: February 1, 2009, through January 31, 2011; Privileged in Radiology.

Singletary, Eunice M., M.D., Physician in the Department of Emergency Medicine; Attending Staff Status; Period of Reappointment: April 1, 2009, through March 31, 2011; Privileged in Emergency Medicine.

Snyder, Lisa K., M.D., Physician in the Department of Emergency Medicine; Attending Staff Status; Period of Reappointment: March 10, 2009, through March 9, 2011; Privileged in Emergency Medicine.

Sutherland, Sara F., M.D., Physician in the Department of Emergency Medicine; Attending Staff Status; Period of Reappointment: March 15, 2009, through March 14, 2011; Privileged in Emergency Medicine.

Vande Pol, Scott B., M.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Reappointment: February 1, 2009, through January 31, 2011; Privileged in Pathology.

Vengrow, Michael I., M.D., Neurologist in the Department of Neurology; Consulting Staff Status; Period of Reappointment: March 17, 2009, through March 16, 2009; Privileged in Neurology.
Wallace, Kevin L., M.D., Physician in the Department of Emergency Medicine; Attending Staff Status; Period of Reappointment: March 1, 2009, through February 28, 2011; Privileged in Emergency Medicine.

Wehrli, Gay, M.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Reappointment: January 2, 2009, through January 1, 2010; Privileged in Pathology.

White, James L., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: January 25, 2009, through January 24, 2011; Privileged in Anesthesiology.

Wong, Emily J.C., M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: March 1, 2009, through February 28, 2011; Privileged in Pediatrics.

Yeager, Mark J., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Reappointment: April 24, 2009, through April 23, 2011; Privileged in Medicine.

**STATUS CHANGES TO CLINICAL STAFF**

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the status changes in clinical privileges to the following practitioners are approved:

Hallowell, Peter T., M.D., Surgeon in the Department of Surgery; Attending Staff Status; Date of Appointment Changed to October 16, 2008 through October 15, 2009. Privileged in Surgery.

Hobbs, William R., M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Date of Reappointment Changed to December 1, 2008 through December 30, 2010. Privileged in Psychiatry.

McDaniel, Lynn M., M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Date of Reappointment Changed to September 4, 2008 through September 3, 2009; Privileged in Pediatrics.
McKenzie, John D., M.D., Radiologist in the Department of Radiology; Attending Staff Status; Date of Reappointment Changed to September 21, 2008 through September 20, 2009; Privileged in Radiology.

Powers, Richard D., M.D., Physician in the Department of Medicine; Attending Staff Status; Date of Reappointment Changed to September 4, 2008 through September 3, 2010; Privileged in Pediatrics.

RESIGNATIONS FROM THE CLINICAL STAFF

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the resignation and expiration of clinical privileges to the following practitioners are approved:

Balint, Bart W., M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Effective date of Resignation: October 1, 2008.

Cominelli, Fabio, M.D., Physician in the Department of Medicine; Attending Staff Status; Effective date of Resignation: November 1, 2008.

Illig, Lisa, M.D., Physician in the Department of Medicine; Consulting Staff Status; Effective date of Resignation: September 30, 2008.

Kantor, Edward M., M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Effective date of Resignation: November 3, 2008.

Mihalko, William M., M.D., Physician in the Department of Medicine; Attending Staff Status; Effective date of Resignation: August 18, 2008.

Morton-Eggleston, Emma M.D., Physician in the Department of Medicine; Attending Staff Status; Effective date of Resignation: October 31, 2008.

PRIVILEGES FOR NEW ALLIED HEALTH PROFESSIONALS

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the granting of privileges to the following Allied Health Professionals are approved:
Childress, Reba M., R.N., N.P., Family Nurse Practitioner in the Nephrology Clinic; Period of Privileging: December 4, 2008, through December 3, 2009; Privileged as a Family Nurse Practitioner.

Hand, Rebecca L., R.N., N.P., Acute Care Nurse Practitioner in Neurosurgery; Period of Privileging: October 22, 2008 through June 29, 2009; Privileged as an Acute Care Nurse Practitioner.

Longley, Christine M., R.N., N.P., Geriatric Nurse Practitioner on 8 West; Period of Privileging: September 12, 2008 through September 11, 2009; Privileged as a Geriatric Nurse Practitioner.

Marshall, Paul M., R.N., N.P., Adult Nurse Practitioner in Hematology Oncology; Period of Privileging: September 25, 2008 through September 14, 2009; Privileged as an Adult Nurse Practitioner.


Robbins, Patricia K., R.N., N.P., Acute Care Nurse Practitioner in the MSICU; Period of Privileging: October 6, 2008 through October 5, 2009; Privileged as an Acute Care Nurse Practitioner.

Sauls, Charles B., R.N., N.P., Acute Care Nurse Practitioner in Transplant; Period of Privileging: September 22, 2008 through September 21, 2009; Privileged as an Acute Care Nurse Practitioner.


RENEWAL OF PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the renewal of privileges to the following Allied Health Professionals are approved:

Allman, Marietta, R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Period of Privileging: January 19, 2009, through January 18, 2011; Privileged as a Certified Nurse Anesthetist.

Almarode, Susan D., R.N., N.P., Neonatal Nurse Practitioner in the NICU; Period of Privileging: December 5, 2008, through December 4, 2010; Privileged as a Neonatal Nurse Practitioner.


Borish, Lorraine, R.N., N.P., Adult Nurse Practitioner in Sleep Disorders Center; Period of Privileging: January 9, 2009, through January 8, 2011; Privileged as an Adult Nurse Practitioner.

Brow, Carl S., R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Period of Privileging: March 5, 2009 through March 4, 2011; Privileged as a Certified Nurse Anesthetist.

Catalano, Donna L., M.S., Audiologist in the Department of Otolaryngology; Period of Privileging: February 1, 2009, through January 31, 2011; Privileged as an Audiologist.

Cluett, Susan B., R.N., N.P., Family Nurse Practitioner in the Pediatric Fitness Program; Period of Privileging: March 1, 2009, through February 28, 2011; Privileged as a Family Nurse Practitioner.
De Michele, Anne M., Ph.D., Audiologist in the Department of Otolaryngology; Period of Privileging: February 1, 2009, through January 31, 2011;Privileged as an Audiologist.

Dix, Janet, P.A., Physician Assistant in the Department of Surgery; Period of Privileging: February 24, 2009, through February 23, 2011; Privileged as a Physician Assistant.

Drewry, Kimberly S., R.N., N.P., Family Nurse Practitioner in Cancer Center/Surgical Services; Period of Privileging: May 1, 2009, through April 30, 2011; Privileged as a Family Nurse Practitioner.


Frosch, Juliana, R.N., N.P., Psychiatric and Mental Health Nurse Practitioner in the Department of Psychiatry and Neurobehavioral Sciences; Period of Privileging: January 28, 2009 through January 27, 2011; Privileged as a Psychiatric and Mental Health Nurse Practitioner.

Golden, Wendy L., Ph.D., Cytologist in the Department of Pathology; Period of Privileging: April 1, 2009 through March 31, 2011; Privileged as a Cytologist.


Hedelt, Anne C., R.N., N.P., Family Nurse Practitioner in Diabetes/Cardiovascular Clinics; Period of Privileging: April 1, 2009 through March 31, 2011; Privileged as a Family Nurse Practitioner.

Hellerman, Sandra P., R.N., N.P., Pediatric Nurse Practitioner at KCRC - Pediatrics; Period of Privileging: March 1, 2009 through February 28, 2011; Privileged as a Pediatric Nurse Practitioner.
Holmes, Jill, M.S., Family Nurse Practitioner in the Cancer Center. Period of Privileging: February 20, 2009 through February 19, 2011; Privileged as a Family Nurse Practitioner.

Kirchgessner, John C., R.N., N.P., Pediatric Nurse Practitioner in Pediatric Endocrinology; Period of Privileging: May 18, 2009 through May 17, 2011; Privileged as a Pediatric Nurse Practitioner.

Merlino, Kathleen, R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Period of Privileging: March 13, 2009 through March 12, 2011; Privileged as a Certified Nurse Anesthetist.

Meslar-Little, Deborah A., R.N., N.P., Certified Nurse Midwife in the Midlife Women’s Center at Northridge; Period of Privileging: February 11, 2009 through February 10, 2011; Privileged as a Certified Nurse Midwife.


Rabin, Elizabeth A., M.S., Audiologist in the Department of Otolaryngology; Period of Privileging: February 6, 2009, through February 5, 2011; Privileged as an Audiologist.

Ratcliffe, Nicola L., AuD., Audiologist in the Department of Otolaryngology; Period of Privileging: January 8, 2009, through January 7, 2011; Privileged as an Audiologist.

Ratliff, Lori L., R.N., N.P., Adult Nurse Practitioner in Nephrology; Period of Privileging: February 1, 2009 through January 31, 2011; Privileged as an Adult Nurse Practitioner.

Rossi, Ann, R.N., N.P., Acute Care Nurse Practitioner in the Cardiac Cath Lab; Period of Privileging: January 21, 2009 through January 20, 2011; Privileged as an Acute Care Nurse Practitioner.

Ruth, Roger A., Ph.D., Audiologist in the Department of Otolaryngology; Period of Privileging: February 1, 2009, through January 31, 2011; Privileged as an Audiologist.
Sams, Robert M., R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Period of Privileging: February 2, 2009 through February 1, 2011; Privileged as a Certified Nurse Anesthetist.


Stevenson, Martini L, R.N., N.P., Pediatric Nurse Practitioner in the NICU; Period of Privileging: March 19, 2009 through March 18, 2011; Privileged as a Pediatric Nurse Practitioner.

Sturtevant, Janet E., M.Ed., Audiologist in the Department of Otolaryngology; Period of Privileging: February 1, 2009, through January 31, 2011; Privileged as an Audiologist.

Thompson-Heister, Anita, R.N., N.P., Psychiatric and Mental Health Nurse Practitioner in the Department of Neurology; Period of Privileging: January 11, 2009 through January 10, 2011; Privileged as a Psychiatric and Mental Health Nurse Practitioner.

Thompson, Mitzi R., R.N., N.P., Family Nurse Practitioner in Nephrology/Zion Crossroads; Period of Privileging: February 1, 2009 through January 31, 2011; Privileged as a Family Nurse Practitioner.

Tribble, Sidenia S., R.N., N.P., Acute Care Nurse Practitioner in the MISCU; Period of Privileging: March 3, 2009 through March 2, 2011; Privileged as an Acute Care Nurse Practitioner.

Turman, Ann E., R.N., N.P., Acute Care Nurse Practitioner in the MISCU; Period of Privileging: March 3, 2009 through March 2, 2011; Privileged as an Acute Care Nurse Practitioner.

Weil, Dean C., R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Period of Privileging: March 12, 2009 through March 11, 2011; Privileged as a Certified Nurse Anesthetist.

STATUS CHANGES FOR ALLIED HEALTH PROFESSIONALS

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the status change in privileges to the following Allied Health Professional are approved:

Demko, Saundra T., R.N., N.P., Adult Nurse Practitioner in the Department of Neurology; Date of Privileges Changed to December 13, 2007 through August 16, 2009; Privileged as an Adult Nurse Practitioner.

Irons, Amanda S., P.A., Physician Assistant in the Cardiology/EP Lab; Date of Privileges Changed to October 3, 2008 through October 2, 2010; Privileged as a Physician Assistant.

Newberry, Yvonne G., R.N., N.P., Family Nurse Practitioner in the Department of Obstetrics and Gynecology; Date of Privileges Changed to October 1, 2008 through September 30, 2010; Privileged as a Family Nurse Practitioner.

Porterfield, Patricia B., L.C.S.W., Licensed Clinical Social Worker in the Department of Psychiatry and Neurobehavioral Sciences; Date of Privileges Changed to November 25, 2008 through November 24, 2010; Privileged as a Licensed Clinical Social Worker.

Strider, David V., R.N., N.P., Acute Care Nurse Practitioner in TCV Surgery; Date of Privileges Changed to November 13, 2008 through November 15, 2009; Privileged as an Adult Nurse Practitioner.

RESIGNATION OF ALLIED HEALTH PROFESSIONALS

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the resignation and expiration of privileges to the following Allied Health Professionals are approved:

Medlin, Janell D., R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Effective Date of Resignation: June 26, 2008.

Mendoza, Sharlene, R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Effective Date of Resignation: October 3, 2008.

Snyder, Audrey E., R.N., N.P., Acute Care Nurse Practitioner in the Emergency Department; Effective Date of Resignation: August 7, 2008.


RESOLVED, the Medical Center Operating Board approves the Amended and Restated Bylaws of the Clinical Staff of the Medical Center. These amendments, which are appended to these Minutes as Attachment B, shall be effective as of February 5, 2009.

CREDENTIALING AND RECREDENTIALING ACTIONS – FEBRUARY 5, 2009

NEW APPOINTMENTS TO THE CLINICAL STAFF

RESOLVED that the recommendations of the Clinical Staff Executive Committee for appointment to the Clinical Staff of the University of Virginia Medical Center and the granting of specific privileges to the following practitioners are approved:

Anschel, David J., M.D., Neurologist in the Department of Neurology; Attending Staff Status; Period of Appointment: December 12, 2008, through December 11, 2009; Privileged in Neurology.

Bleeker, Jonathan S., M.D., Physician in the Department of Medicine; Instructor Staff Status; Period of Appointment: January 19, 2009, through May 10, 2009; Privileged in Medicine.
Cauthen, Clay A., M.D., Physician in the Department of Medicine; Instructor Staff Status; Period of Appointment: December 12, 2008, through December 11, 2009; Privileged in Medicine.

Davidson, Kelly M., M.D., Physician in the Department of Medicine; Attending Staff Status; Period of Appointment: January 2, 2009, through January 1, 2010; Privileged in Medicine.

Hall, Courtney N., M.D., Psychiatrist in the Department of Physical Medicine and Rehabilitation; Instructor Staff Status; Period of Appointment: November 15, 2008, through December 14, 2008; Privileged in Psychiatry.

Helms, Adam S., M.D., Physician in the Department of Medicine; Instructor Staff Status; Period of Appointment: February 4, 2009, through February 3, 2010; Privileged in Medicine.

Janardhanan, Rajesh, M.D., Physician in the Department of Medicine; Consulting Staff Status; Period of Appointment: January 15, 2009, through January 14, 2010; Privileged in Medicine.

Mikolaenko, Ivan, M.D., Neurologist in the Department of Neurology; Instructor Staff Status; Period of Appointment: January 9, 2009, through November 24, 2009; Privileged in Neurology.

Mills, Angela M., M.D., Physician in the Department of Medicine; Consulting Staff Status; Period of Appointment: December 19, 2008, through December 18, 2009; Privileged in Medicine.

Montero, Robert J., M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Appointment: November 18, 2008, through November 2, 2009; Privileged in Pediatrics.

Prichard, Jefferson M., M.D., Physician in the Department of Medicine; Consulting Staff Status; Period of Appointment: December 19, 2008, through December 18, 2009; Privileged in Medicine.

Saad, Wael, M.D., Radiologist in the Department of Radiology; Attending Staff Status; Period of Appointment: April 1, 2009, through March 31, 2010; Privileged in Radiology.
Schafer, Katherine R., M.D., Physician in the Department of Medicine; Instructor Staff Status; Period of Appointment: January 19, 2009, through August 31, 2009; Privileged in Medicine.

Vega-Bermude, Francisco, M.D., Physician in the Department of Medicine; Consulting Staff Status; Period of Appointment: December 18, 2008, through December 17, 2009; Privileged in Medicine.

**STATUS CHANGES TO CLINICAL STAFF**

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the status changes in clinical privileges to the following practitioners are approved:

Fletcher, Page M., M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Date of Reappointment changed to April 1, 2009 – March 31, 2010.

Gregg, Vanessa H., M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Date of Reappointment Changed to August 1, 2008 through September 24, 2009; Privileged in Obstetrics and Gynecology.

Gunderson, Erik W., M.D., Physician in the Department of Medicine; Attending Staff Status; Date of Secondary Reappointment Changed to January 6, 2009 through January 5, 2011; Privileged in Medicine.

Maughan, Karen L., M.D., Physician in the Department of Family Medicine; Attending Staff Status; Date of Reappointment Changed to November 25, 2008 through November 24, 2009; Privileged in Family Medicine.

Warren, Cirle A., M.D., Physician in the Department of Medicine; Attending Staff Status; Date of Reappointment Changed to November 25, 2008 through November 24, 2009; Privileged in Medicine.

**RESIGNATIONS FROM THE CLINICAL STAFF**

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the resignation and expiration of clinical privileges to the following practitioners are approved:
Bickston, Stephen J., M.D., Physician in the Department of Medicine; Attending Staff Status; Effective date of Resignation: January 1, 2009.

Bonds, Denise E., M.D., Physician in the Department of Medicine; Attending Staff Status; Effective date of Resignation: January 3, 2009.

Wheby, Munsey S., M.D., Physician in the Department of Medicine; Attending Staff Status; Effective date of Resignation: September 30, 2008.

PRIVILEGES FOR NEW ALLIED HEALTH PROFESSIONALS

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the granting of privileges to the following Allied Health Professionals are approved:

Cantore, Lisa M., R.N., N.P., Pediatric Nurse Practitioner at KCRC; Period of Privileging: December 2, 2008, through December 1, 2009; Privileged as a Pediatric Nurse Practitioner.


STATUS CHANGES FOR ALLIED HEALTH PROFESSIONALS

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the status change in privileges to the following Allied Health Professional are approved:

Childress, Reba, R.N., N.P., Family Nurse Practitioner in the Nephrology Clinic; Date of Privileges Changed to November 4, 2008 through November 3, 2009; Privileged as Family Nurse Practitioner.

Fitzhugh, Cawood B., R.N., N.P., Family Nurse Practitioner in the Cancer Center; Date of Privileges Changed to January 24, 2009 through January 4, 2010; Privileged as a Family Nurse Practitioner.

Sams, Robert M., R.N., N.P., Certified Nurse Anesthetist in the Operating Room; Date of Privileges Changed to February 1, 2009 through January 31, 2011; Privileged as a Certified Nurse Anesthetist.

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RESIGNATIONS OF ALLIED HEALTH PROFESSIONALS

RESOLVED that the recommendations of the Clinical Staff Executive Committee for the resignation and expiration of privileges to the following Allied Health Professionals are approved:

Enterline, Leslie, P.A., Physician Assistant in the Hematology Oncology Clinic; Effective Date of Resignation: November 5, 2008.

Tribble, Sidenia S., R.N., N.P., Acute Care Nurse Practitioner in the MSICU; Effective Date of Resignation: November 1, 2008.

BUILDINGS AND GROUNDS COMMITTEE – OCTOBER 18, 2008

APPROVAL OF SCHEMATIC DESIGN FOR INFORMATION TECHNOLOGY ENGINEERING BUILDING

RESOLVED, the schematic design, dated October 18, 2008, and prepared by Bohlin Cywinski Jackson, in conjunction with the Architect for the University, the School of Engineering and Applied Science, and Facilities Management, for the construction of Information Technology Engineering Building, is approved for further development and construction.

APPROVAL OF SCHEMATIC DESIGN FOR THE ARTS AND SCIENCES RESEARCH BUILDING

RESOLVED, the schematic design, dated October 18, 2008 and prepared by Bohlin Cywinski Jackson, in conjunction with the Architect for the University, the College and Graduate School of Arts & Sciences, and Facilities Management, for the construction of the Arts and Sciences Research Building, is approved for further development and construction.

BUILDINGS AND GROUNDS COMMITTEE – DECEMBER 11, 2008

APPROVAL OF PROJECT BUDGET INCREASE, MOSER RADIATION THERAPY CENTER ADDITION

RESOLVED that the addition of 625 gross square feet to the current 3,000 gross square feet project scope and the budget increase of $500,000, bringing the total budget for the Moser Radiation Therapy Center Addition to $3,007,000, is approved.
BUILDINGS AND GROUNDS COMMITTEE - FEBRUARY 5, 2009

APPROVAL OF ARCHITECT/ENGINEER SELECTION FOR THE
BASEBALL STADIUM EXPANSION

RESOLVED, VMDO Architects, of Charlottesville, are approved for the performance of architectural and engineering services for the Baseball Stadium Expansion at the University of Virginia.

APPROVAL OF CONCEPT, SITE, AND DESIGN GUIDELINES FOR
THE REHEARSAL HALL

RESOLVED, the concept, site, and design guidelines, dated February 5, 2009, and prepared by the Architect for the University, for the Rehearsal Hall are approved; and

RESOLVED FURTHER, the project will be presented for further review at the schematic design level of development.

APPROVAL OF ARCHITECT/ENGINEER SELECTION FOR THE
REHEARSAL HALL

RESOLVED, William Rawn Associates, of Boston, is approved for the performance of architectural and engineering services for the Rehearsal Hall at the University of Virginia.

APPROVAL OF CONCEPT, SITE, AND DESIGN GUIDELINES FOR
THE BOOKSTORE EXPANSION

RESOLVED, the concept, site, and design guidelines, dated February 5, 2009, and prepared by the Architect for the University, Bookstore Expansion are approved; and

RESOLVED FURTHER, the project will be presented for further review at the schematic design level of development.

APPROVAL OF ARCHITECT/ENGINEER SELECTION FOR THE
BOOKSTORE EXPANSION

RESOLVED, Bowie Gridley Architects, of Washington, D.C. and Middleburg, Virginia, is approved for the performance of architectural and engineering services for the Bookstore Expansion at the University of Virginia.
APPROVAL OF CONCEPT, SITE, AND DESIGN GUIDELINES FOR THE SCHOOL OF MEDICINE, FOCUSED ULTRASOUND FACILITY

RESOLVED, the concept, site, and design guidelines, dated February 5, 2009, and prepared by the Architect for the University, for the Focused Ultrasound Facility, at the School of Medicine are approved; and

RESOLVED FURTHER, the project will be presented for further review at the schematic design level of development.

APPROVAL OF SCHEMATIC DESIGN FOR THE ALDERMAN ROAD HOUSING, PHASE II

RESOLVED, the schematic design dated February 5, 2009, prepared by Ayers Saint Gross in conjunction with the Architect for the University and others, for the construction of the Alderman Road Housing, Phase II is approved for further development and construction.

APPROVAL OF SCHEMATIC DESIGN FOR THE COLLEGE AT WISE MULTI-PURPOSE CENTER

RESOLVED, the schematic design, dated February 5, 2009, and prepared by VMDO Architects, in conjunction with the Architect for the University, the College Chancellor, and others, for the construction of the Multi-Purpose Center at The University of Virginia's College at Wise, is approved for further development and construction.

ADDENDUM TO THE MINUTES OF THE FEBRUARY BOARD MEETING

The Rector appointed an ad-hoc committee, the "Ad-Hoc Committee on Revenue Sources;" Mr. Wynne is the Chair and Messrs. Caputo and Ligon are the other Members. He charged the Committee with identifying alternative revenue sources for the University, as well as reviewing all of the University's sources of revenue.
ATTACHMENT A

(GRIEVANCE PROCEDURES FOR
THE UNIVERSITY OF VIRGINIA’S
COLLEGE AT WISE)
ATTACHMENT A

Grievance Procedures for Administrative and Professional General Faculty

I. Introduction

This procedure is intended to provide the College with a fair and efficient means of resolving certain complaints brought by Administrative and Professional General Faculty with respect to their employment. (*see below).

A. Complaints Covered by Phases I, II, and III:

This procedure has three phases. Phase I consists of two levels of review. Complaints qualifying for Phase I may qualify for further review, utilizing either Further Investigation Phase II or the Hearing Phase III, but not both unless authorized by the Chancellor.

1. Phase I

a. Complaint of Illegal Discrimination — a complaint made by the faculty member alleging discrimination because of his or her race, color, sexual orientation, gender, religion, political affiliation, age, handicap, national origin or veteran's status, or harassment on the basis of any of the foregoing.

b. Complaint of Disciplinary Action — a complaint of unwarranted disciplinary action in his or her employment.

c. Complaint of Breach of Employment Contract.

d. Complaint of Reprisal — a complaint of acts of reprisal as a result of using this procedure or being a witness for another complainant using this procedure or for reporting improper conduct to appropriate College officers or public officials.

*See www.virginia.edu/genfac/bylaws for definition of Administrative and Professional General Faculty.
2. **Phase II**

Complaints qualifying for Phase II review are those which the Chancellor or his or her designee decides, as described below, should be investigated further.

3. **Phase III**

Complaints qualifying for the Phase III reviews are those which the Chancellor or his or her designee decides, as described below, should be reviewed through a hearing procedure.

B. Extensions of Time Periods

1. **Phase I and Qualification Proceedings**

The time periods applicable in Phase I and the qualification proceedings under Section III may be extended by written agreement of the complainant and the relevant College official involved in a particular step, or by the Chancellor or his or her designee upon a written determination that good cause exists for the extension.

2. **Phase II**

The time periods applicable in Phase II review may be extended by written agreement of the complainant, the appropriate management representative and the investigator, or by the Chancellor or his or her designee upon a written determination that good cause exists for the extension.

3. **Phase III**

The time periods applicable in the Phase III may be extended by written agreement of the parties and the panel, or by the Chancellor or his designee upon a written determination that good cause exists for the extension.
C. Noncompliance Issues

Any issues relating to noncompliance with these procedures shall be promptly presented to the Chancellor for resolution.

D. Delegation by the Chancellor

If the Chancellor deems it appropriate, he or she may delegate some or all of the Chancellor’s duties under this procedure.

E. Alternates

In the following cases the Chancellor may designate, at the complainant’s timely request, in writing, to the Chancellor or on the Chancellor’s own motion independent of any such request, an alternate to perform the role of one or more persons under this procedure:

1. A complaint directed at a person discharging any official duty on behalf of the College under this procedure who also immediately supervises the complainant;

2. A complaint directed at a person who would be a reviewer under this procedure;

3. A complaint against the Chancellor.

F. Attorneys

1. Other than for the Panel:

Attorneys or other advisors representing the parties may be present during any hearing or meeting called for by this procedure, so long as such presence is not disruptive. However, the attorney or advisor may not participate in the proceedings or speak for or on behalf of the party represented.
2. For the Panel:

A hearing panel may have counsel present at any time. The panel's counsel shall not question witnesses and shall be available to the panel to provide such legal advice as may be requested or advisable, however any factual findings are and shall be the prerogative of the panel. Counsel for the panel as may be needed shall be provided by the University's Office of General Counsel or Office of the Attorney General; provided any lawyer who may have provided legal advice to management concerning the grievance or the matter on which it is based shall not serve as counsel to the hearing panel.

II. Phase I Review Procedures

A. Standard First Level of Phase I Review

1. Bring complaint to Director of Human Resources. Complainants are encouraged to discuss their grievances in person with those able to resolve them before the procedure described in this document is initiated. If the complainants are not comfortable discussing their grievances directly with each other, they can request the assistance of a third party mediator to informally discuss their grievances in an effort to resolve them before the procedure described in this document is initiated. The mediator can be assigned by the Director of Human Resources or the Chancellor. This procedure is not intended as a substitute for such discussions, but rather as an additional means of resolving disputes.

2. If the dispute cannot be resolved through informal discussion, the complainant must initiate a review by providing their immediate supervisor, within ten calendar days of the event which is the basis for the complaint, a written statement describing both the nature of the complaint and the relief requested. Failure to timely provide the written statement shall preclude proceeding under this grievance procedure unless the Chancellor may rule otherwise finding good cause to proceed and that the failure to timely
provide the written statement is not attributable to the fault of the complainant. The complainant and the supervisor should attempt to resolve the complaint informally during the supervisor's following five workdays.

3. Within ten workdays after receipt of the complainant's written statement, the complainant's immediate supervisor shall provide to the complainant a written response to the statement. The response shall state the supervisor's decision and the supporting reasons.

B. Anonymous First Level Review Option

1. For complaints of harassment or discrimination, instead of proceeding as stated in above, the complainant may initiate this Anonymous Review within ten calendar days after the event which is the basis for the complaint. The complainant must request in writing, that the Chancellor review the complaint directly. The Chancellor may designate an appropriate individual to conduct the review who shall not be the immediate supervisor of the complainant or otherwise the subject of the complaint. The anonymity of the complainant shall be respected to the extent practicable except as may be required by law or necessary in connection with the investigation.

2. The designate shall take such steps as the designate and the complainant deem appropriate to attempt to resolve the complaint without the need for disciplinary action or further use of this procedure.

3. The complainant may terminate the Anonymous Review at any time upon informing the designate in writing or by initiating a complaint as described in Section II.A in a timely manner.

C. Second Level of Phase I Review

1. If the immediate supervisor's response from the First Level Review does not resolve the complaint to the complainant's satisfaction, the complainant may advance the complaint to the Second Level Review.
Within five days of receipt of the immediate supervisor's response, a written statement describing the complaint and the relief requested must be submitted to the Director of Human Resources, with copy to the immediate supervisor and the head of the department (or appropriate vice chancellor as provided in the next paragraph.)

2. A Second Level reviewer shall be the head of the complainant's department or, if the head was the First Level reviewer, the appropriate vice chancellor or other person reporting to the Chancellor or, if such person was the First Level reviewer, the Chancellor or his or her designee.

3. The Second Level reviewer shall schedule a meeting with the complainant to be held within five workdays (of the Second Level reviewer) after receipt of the complainant's statement. The Second Level reviewer shall also gather such additional information concerning the complaint as he or she deems appropriate.

4. Within ten workdays after meeting with the complainant, the Second Level reviewer shall provide the complainant a written response to the complaint, with a copy to the Chancellor. The response shall state the reviewer's decision and the supporting reasons.

III. Request for Further Investigation Phase II or Hearing Phase III Reviews

A. Further Investigation Phase II

1. If the Second Level reviewer's response does not resolve the complaint to the complainant's satisfaction, the complainant may request the Chancellor to qualify the complaint either for Further Investigation Phase II or Hearing Phase III. Such a request must be submitted to the Chancellor in writing, with a copy to the First and Second Level reviewers, within ten calendar days after the complainant's receipt of the Second Level reviewer's
response. The request to the Chancellor must be timely as above provided and include the complainant's statement of the complaint, the relief requested, the facts the complainant claims support the complaint, and an explanation of why the complainant believes the complaint should be reviewed by a Further Investigation Phase II or Hearing Phase III review. Failure to comply with the foregoing shall preclude further proceedings hereunder, unless the Chancellor directs otherwise for good cause.

Within ten workdays after receipt of the complainant's statement, the Chancellor shall normally provide to the complainant a written decision (with copies to the first and second step reviewers) on whether the complaint qualifies for Further Investigation Phase II or Hearing Phase III. If the complaint does not qualify for either Further Investigation or Hearing Phases, processing of the complaint under this procedure is terminated. The decision shall include a brief statement of the Chancellor's reasoning.

2. If Further Investigation Phase II is ordered, the Chancellor shall designate an investigator, who shall not be under the authority of the previous reviewers or report to the immediate supervisor.

B. Hearing Phase III Review

1. A Hearing Phase III Review shall be ordered if the Chancellor determines after consultation with counsel that a procedural due process hearing is legally required or would be in the College's best interest.

2. If a Hearing Phase III is ordered, the Chancellor shall provide a copy of the decision to the chair of the Administrative and Professional General Faculty Hearing Committee and shall include in the decision a determination of which party shall have the burden of proof on which issues. Such decision is not grievable. In the case of disciplinary action against the
complainant, management shall have the burden of proving that its action was a reasonable exercise of discretion.

IV. **Further Investigation Phase II Procedures**

A. **Investigation**

The investigator shall investigate and gather relevant facts by whatever means he or she determines to be most effective and efficient, provided the investigator shall conduct at least one meeting at which the complainant and the appropriate management representative shall be present and afforded an opportunity to respond to each other's presentations concerning the complaint.

B. **Report**

As soon as practicable and normally within thirty workdays after the investigator's receipt of the Chancellor's decision qualifying the complaint for Further Investigation Phase II, the investigator shall provide his or her report and recommendations to the Chancellor.

If the investigator determines that the evidence qualified the complaint further review, the complainant or management may within five days after receipt of the report provide the Chancellor a written request for review and modification of the report. The Chancellor may at his or her discretion, review the matter and take such action as deemed appropriate. Within ten workdays after receipt of the request for review, the Chancellor shall provide a written response to the complainant and the First and Second Level reviewers.

C. **Decision**

Within ten workdays after receipt of a copy of the investigator's initial report or within ten workdays after completion of any revised report, the Chancellor shall provide to the complainant a written statement of whether the College will provide the complainant with any relief.
D. Request for Reconsideration

Within ten workdays after receipt of the Chancellor's statement, the complainant may submit to the Chancellor a written statement requesting the Chancellor to reconsider the decision and describing why the complainant believes the Chancellor's statement is incorrect. The Chancellor shall provide to the complainant a response within ten workdays after receipt of the complainant's request. That response shall be the final step under this procedure.

V. Hearing Phase III Procedures

A. Selection of Hearing Panel

Within ten workdays from the Chancellor's decision ordering Hearing Phase III, the hearing panel shall be selected. Each vice chancellor shall appoint one General Faculty member from his or her division to serve a two-year term as a member of the Administrative Hearing Panel. In addition, the Chancellor shall appoint a member-at-large and will insure that members terms are staggered the parties of the composition of the panel in writing. The Panel Chair may disclose the names of the parties and the general nature of the complaint to aid prospective members in their decisions as to whether they should serve or decline due to potential bias or conflict.

B. Challenges of Panel Members

Within five calendar days after receipt of the Administrative and Professional General Hearing Relations Committee Chair's written notification of the panel members, either party may petition the Chair to replace one or more of the members for good cause. The petition shall be in writing and provide the necessary factual basis for the Chair to review and decide, and the petition shall be copied to the other party to the grievance.

C. Replacement Members

The Administrative and Professional General Faculty Hearing Committee Chair shall provide to the parties a decision on any challenges and a designation of any replacement panel members.
D. Scheduling the Hearing

Within ten workdays after receipt of notice by the Administrative and Professional General Faculty Hearing Committee Chair that the panel has been selected, the chair shall provide to the involved parties and the other panel members written notice of the time and place of the hearing, which shall normally be held at least fifteen, but not more than thirty workdays after designation of the panel.

E. Description of the Case

Within ten workdays after receipt by the parties of notice that the panel has been selected, the party with the burden of proof shall provide the other party and the panel chair with a description of the party's case against the other, including a statement of the charges, a summary description of the evidence supporting the charges and a description of any relief requested.

F. Response

Within five days after receipt of the description of the case against him or her, the party not having the burden of proof shall provide the other party and the panel chair with a written response stating his or her position on the charges, and the evidence supporting that position.

G. Witnesses and Document Lists

Each party shall provide to the other and the panel chair at least five calendar days before the hearing a list of witnesses expected to be called and any documents to be introduced, with such information to be updated with any additions occurring within five days of the hearing. Any witness or document not identified shall not be permitted at the hearing unless the panel chair finds good cause and that the responsible party was not at fault. The parties are each responsible for making arrangements for their witnesses and documents being present and available on time at the hearing.
H. Resolution of Pre-Hearing and Hearing Issues

The panel chair is the presiding officer authorized to resolve all issues with respect to the proceedings, including any evidentiary issues and, in doing so, may consult the panel.

I. Persons Present

The involved parties shall be entitled to be present during the entire hearing, excluding the panel deliberations. Witnesses other than the parties may be present only while giving their testimony. Other than the person recording the hearing, no other person shall be present except as the panel chair permits provided the parties may have legal counsel present to listen and observe the proceedings without disruption.

J. Recording

The panel chair shall arrange for the hearing to be recorded. The panel chair may arrange for preparation of any transcript of the recording which it determines is needed by the panel. The expense of the recording and any such transcript ordered by the panel chair shall be paid by the Office of the Chancellor. Either party wishing a transcript may arrange with the person who recorded the hearing to obtain a transcript, but at their expense.

K. Procedural and Evidentiary Questions

Except as provided in this procedure, the panel chair shall not be bound by the rules of procedure or evidence, applicable to judicial proceedings and the panel may take into account any evidence to the extent it deems the evidence to be reliable and relevant. The panel chair shall be responsible for ruling on all evidentiary questions and in doing so may consult the panel.

L. Order of the Proceedings

Except as the panel chair may provide otherwise, the order of the hearing shall be as follows. The party with the burden of proof may make an opening statement, followed by the other party's opening statement. The party with the
burden of proof shall then present evidence, followed by the other party's presentation of evidence, followed by rebuttal evidence by the party with the burden of proof. The panel may allow such additional evidence as it deems appropriate. The panel may request the parties to produce evidence on particular issues, and the panel itself may request witnesses to testify or may present other evidence. Upon completion of the presentation of evidence, the party with the burden of proof may make a closing statement, followed by the other party's closing statement, and the party with the burden of proof may then make a rebuttal statement.

M. Questions of Witnesses

Subject to the oversight and direction of the panel chair, the parties may directly and reasonably question any person testifying at the hearing provided the questioning is not abusive or argumentative and designed to produce relevant and probative information and the panel members may also ask witnesses questions at any time.

N. Additional Sessions

The chair may adjourn the hearing from and reconvene it for such additional sessions as the chair may determine, provided that the hearing shall normally be completed within thirty days of its commencement unless the panel chair and the parties agree otherwise.

O. Written Statements

At the chair's request, the parties shall submit written statements on any matters designated by the chair in consultation with the panel, including proposed findings of fact and recommendations.

P. Hearing Phase III Panel Report

Within thirty workdays after conclusion of the hearing or, where applicable, the panel's receipt of the parties written statements or any transcript requested by the panel, the panel shall provide to the Chancellor and the parties a written report. The report shall be divided into two sections, the first being the panel's factual findings,
and the second, the panel's recommendations to the Chancellor on how the College should respond to the complaint. The contents of the panel's report shall be determined by simple majority vote, provided that dissenting or concurring members shall be entitled to submit separate written statements which shall accompany the report.

Q. Chancellor's Review and Decision

1. The Chancellor shall accept as true the panel's factual findings unless the Chancellor has reasonable grounds for reopening the hearing. In the event of such grounds, the Chancellor may request the panel to promptly conduct additional hearing proceedings, or the Chancellor may conduct such proceedings, and a supplemental report on the factual findings shall be provided to the parties within ten workdays after completion of any such proceedings.

Within ten workdays after the receipt of the panel's report and any supplemental report, the parties may provide to the Chancellor and the other party their written arguments, as opposed to additional evidence, in support of their respective positions. In addition, the parties may request an opportunity to present oral arguments. The Chancellor may or may not allow such arguments. The Chancellor may also, in the presence of or by copy to the parties, ask the panel members questions relating to their report. The Chancellor may obtain and review any or all of the hearing transcript and exhibits.

2. Chancellor's Decision

Within thirty workdays after receipt of the panel's report, any supplemental report or any transcript requested by the Chancellor, or completion of oral arguments, whichever last occurs, the Chancellor shall normally provide to the parties and the panel a written decision on the requested relief.
3. Request for Reconsideration

Within ten workdays after receipt of the Chancellor's decision, either party may provide to the Chancellor and panel a written request for reconsideration which shall describe why the party believes the Chancellor's decision is incorrect. The Chancellor may conduct such additional proceedings as he or she deems appropriate. Within ten workdays after receipt of the request for reconsideration or conclusion of any such additional proceedings, the Chancellor shall provide to the parties and panel a response to the request. That response shall be the final step under this procedure.

VI. Amendments

This "Grievance Procedure for General Faculty," may be amended at any time by the Chancellor who shall determine whether it is appropriate for any particular amendment to apply to pending as well as future complaints.

Approved by The University of Virginia's College at Wise Board, October 9, 2008.

Approved by the Board of Visitors, ________________.
Sample Procedure

Grievance Procedures for Administrative and Professional General Faculty

PHASE I (Standard First Level)

1. Complaint brought to Director of Human Resources

2. Informal discussions arranged by Director of Human Resources

If not resolved:

3. Complaint is filed with supervisor (or their next level of supervision if immediate supervisor is the object of complaint); within 10 calendar days.

4. Within 10 workdays supervisor sends response

If not resolved:

SECOND LEVEL

1. File written complaint with Director of Human Resources within 5 workdays

2. Second Level reviewer appointed by Director of Human Resources

3. Supervisor will schedule meeting; collect information;

4. Written response of decision to employee within 10 workdays

If not resolved:
FURTHER INVESTIGATION PHASE II OR HEARING PHASE III

1. Request Chancellor to qualify the complaint for Further Investigation II or Hearing III within 10 calendar days.

2. Chancellor - written decision to go to Phase II or III or not within 10 workdays.

If not, end of procedure.

If yes, go to Further Investigation Phase II

1. Chancellor appoints investigator

2. Investigator interviews parties, reviews evidence

3. Investigator’s recommendation to Chancellor within 30 workdays

4. Chancellor written statement to complainant normally within 10 workdays

5. If complainant is not satisfied, complainant can, within 10 workdays, file for a reconsideration response – final step

"Or" HEARING PHASE III

1. Chancellor decides if hearing is needed

2. Normally within ten workdays, assemble Hearing Panel

3. Hearing panel conducts first hearing within 15-30 workdays. (Can settle before hearing begins.)

4. Panel reports within 30 workdays after conclusion of the hearing to Chancellor

5. Chancellor accepts report or order further hearing (10 workdays) after final proceeding, Chancellor’s decision.

6. Complainant may request a reconsideration of Chancellor’s decision within 10 workdays.
ATTACHMENT B

(AMENDED AND RESTATED BYLAWS
OF THE CLINICAL STAFF
OF THE
UNIVERSITY OF VIRGINIA MEDICAL CENTER)
AMENDED AND RESTATE
BYLAWS
OF THE CLINICAL STAFF
OF THE
UNIVERSITY OF VIRGINIA MEDICAL CENTER

September 19, 2002
REVISED September 1, 2005
REVISED October 2, 2008
REVISED February 5, 2009
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PREAMBLE

WHEREAS, the University of Virginia Medical Center is an integral part of the University of Virginia, which is a public corporation organized under the laws of the Commonwealth of Virginia and an agency of the Commonwealth; and

WHEREAS, the Medical Center is an academic medical center comprised of a teaching hospital, a Children’s Hospital within that hospital, outpatient clinics, clinical outreach programs, and related health care facilities, as designated by the Operating Board of the University of Virginia Medical Center from time to time, which provide inpatient and outpatient medical and dental services, and health sciences education and related clinical research in conjunction with the University of Virginia School of Medicine and the University of Virginia School of Nursing; and

WHEREAS, the Operating Board of the University of Virginia Medical Center is the governing body for the Medical Center and has delegated to the Clinical Staff the responsibility for the provision of quality clinical care it provides throughout the Medical Center; and

WHEREAS, these Bylaws set forth the requirements for membership on the Clinical Staff, including a mechanism for reviewing the qualifications of Applicants for Clinical Privileges and a process for their continuing review and evaluation, and provide for the internal governance of the Clinical Staff;

NOW, THEREFORE, these Bylaws are adopted by the Clinical Staff and approved by the Operating Board to accomplish the aims, goals, and purposes set forth in these Bylaws.
ARTICLE I
DEFINITIONS

“Active Clinical Staff” mean those Members of the Clinical Staff who meet the criteria set forth in Section 3.5 of these Bylaws.

“Administrative Clinical Staff” mean those Members of the Clinical Staff who meet the criteria set forth in Section 3.6 of these Bylaws.

“Adverse Action” means the reduction, restriction (including the requirement of prospective or concurrent consultation), suspension, revocation, or denial of Clinical Privileges of a Member that constitute grounds for a hearing as provided in Section 8.2 of these Bylaws. Adverse Action shall not include warnings, letters of admonition, letters of reprimand or recommendations or actions taken as a result of an individual’s failure to satisfy specified objective credentialing criteria that are applicable to all similarly situated individuals.

“Allied Health Professionals” may include, but are not limited to, Optometrists, Audiologists, Certified Substance Abuse Counselors, Licensed Professional Counselors, Licensed Clinical Social Workers, Nurse Practitioners, Physician Assistants, and Certified Registered Nurse Anesthetists.

“Allied Health Professionals Manual” means the Medical Center Allied Health Professionals Staff Credentialing Manual, as such may be in effect from time to time.

“ Applicant” means a person who is applying for appointment or reappointment of Clinical Staff membership and may also mean a person who is applying for Clinical Privileges to practice within the University of Virginia Medical Center, as the context requires.

“Board of Visitors” means the governing body of the University of Virginia as appointed by the Governor of Virginia.

“Bylaws” means these Amended and Restated Bylaws of the Clinical Staff of the University of Virginia Medical Center, as amended from time to time.

“Case Review” means a full review and analysis of an event related to a single patient’s experience in the Medical Center and may also mean a review of multiple patient cases involving a single procedure, as the context requires.

“Chief Executive Officer” or “CEO” means the individual appointed by the Board of Visitors or the Medical Center Operating Board, as applicable, to serve as its representative in the overall administration of the Medical Center.

“Children’s Hospital” means a hospital within the Medical Center that is comprised of all inpatient and outpatient services, diagnostic services, clinical outreach programs and related healthcare services and staff that are specifically dedicated to providing healthcare to children in a patient and family centered care environment.
“Clinical Privileges” means the permission granted to a Member or Non-Member to render specific diagnostic, therapeutic, medical, dental, or surgical services for patients of the Medical Center.

“Clinical Staff” or “Staff” means those Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists and Ph.D. Clinical Pathologists who hold a faculty appointment in the School of Medicine and have obtained membership status as provided in these Bylaws.

“Clinical Staff Executive Committee” or “Executive Committee” or “CSEC” means the executive committee of the Clinical Staff as more particularly described in Article X of these Bylaws.

“Clinical Staff Office” means the administrative office of the Medical Center responsible for the administration of the Clinical Staff, including the process for membership and the granting of Clinical Privileges.

“Clinical Staff Representatives” means those representatives selected by the Clinical Staff to serve on the Clinical Staff Executive Committee as provided in Article X.

“Clinical Staff Year” shall coincide with the fiscal year of the Medical Center, currently July 1 to June 30, as such fiscal year may be changed from time to time.

“CMS” means the Center for Medicare and Medicaid Services.

“Code of Conduct” means the Code of Conduct for the Clinical Staff as it may exist from time to time.

“Code of Ethics” means the Medical Center Code of Ethics that is described and contained in Medical Center Policy No. 0263 and found online at http://www.healthsystem.virginia.edu/OPR/manuals/mc/0263-Medical-Center-Code-of-Ethics-and-Ethics-Committee.pdf.

“Committees” means those standing Committees of the Clinical Staff as described in Article XII of these Bylaws.

“Community Medicine” means Community Medicine University of Virginia, LLC, a Virginia limited liability company.

“Compliance Code of Conduct” means the Medical Center Compliance Code of Conduct that is described in Medical Center Policy No. 0235 and found online at: http://www.healthsystem.virginia.edu/OPR/manuals/mc/0235---Compliance-Code-of-Conduct.pdf.
“Credentials Manual” means the Procedures for Appointment and Reappointment to the Clinical Staff and Delineation of Appropriate Clinical Privileges as such may be in effect from time to time. /internet/clinical-staff-office/doc/Clinical-Staff-Manua_rev011108.doc.

“DEA” means the Federal Drug Enforcement Agency, or any successor agency.

“Dean” means the Vice President and Dean of the School of Medicine of the University of Virginia.

“Dentist” means any individual who has received a degree in and is currently licensed to practice dentistry in the Commonwealth of Virginia.

“Department” means a clinical department within the Medical Center.

“Department Chair” or “Chair” means the Active Member appointed by the Dean of the School of Medicine who has the responsibility for overseeing his or her Department and who is the liaison between the Members in his or her Department and the Clinical Staff Executive Committee. “Department Chair” also shall mean the Medical Director of Regional Primary Care with respect to Regional Primary Care and the Senior Associate Dean for Clinical Affairs with respect to Community Medicine.

“Division” means a subdivision of a Department.

“Emergency Privileges” means those Clinical Privileges granted during an emergency as more specifically provided in Section 5.8 of these Bylaws.

“Fellow” means a Physician, Dentist or Ph.D. Clinical Psychologist in a program of graduate medical education that is beyond the requirements for eligibility for first board certification in the discipline.

“Focused Professional Practice Evaluation ("FPPE")” means an evaluation of the privilege-specific competence of a member of the Clinical Staff who does not have documented evidence of competently performing the requested privilege, or when a question arises regarding the ability of a currently privileged member of the Clinical Staff to provide safe, effective high quality care. See Medical Center Policy No. 0279 and Credentials Manual /internet/clinical-staff-office/doc/Clinical-Staff-Manua_rev011108.doc.

“GME Manual” means the University of Virginia Medical Center Graduate Medical Education Manual, as such may be in effect from time to time and that is found online at http://www.healthsystem.virginia.edu/alive/gme/doc/Manual_GradMedTrainee_Nov2007.pdf.

“Graduate Medical Trainees” mean Residents and Fellows.

“HCQIA” means the Health Care Quality Improvement Act of 1986, 42 U.S.C. Sections 11101 - 11152, as such law may be amended from time to time.
“Hearing Entity” means the entity appointed by the Clinical Staff Executive Committee to conduct an evidentiary hearing upon the request of a Member who has been the subject of an Adverse Action that is grounds for a hearing in accordance with Article VIII herein.

“Honorary Clinical Staff” means those Members of the Clinical Staff who meet the criteria set forth in Section 3.7 of these Bylaws.

“Joint Commission” means the hospital accrediting body whose standards are referred to in these Bylaws.

“Medical Center” means the University of Virginia academic medical center comprised of the hospital, inpatient and outpatient clinics, clinical outreach programs, and related health care facilities as designated by the Medical Center Operating Board from time to time.

“Medical Center Operating Board” or “Operating Board” or “MCOB” means the governing body of the Medical Center as designated by the Board of Visitors.

“Medical Center Policy Manual” means the manual containing the administrative and various patient care policies of the Medical Center.

“Member” means any Physician, Dentist, Podiatrist, Ph.D. Clinical Psychologist or Ph.D. Clinical Pathologist who is a member of the Clinical Staff of the University of Virginia Medical Center.

“National Practitioner Data Bank” or “NPDB” means the national clearinghouse established pursuant to HCQIA, as amended from time to time, for obtaining and reporting information with respect to adverse actions or malpractice claims against physicians or other practitioners.

“Non-Member” means any Physician, Dentist, Podiatrist, Ph.D. Clinical Psychologist or Ph.D. Clinical Pathologist who does not qualify as a Member of the Clinical Staff but who is required to have Clinical Privileges in order to provide patient care in the Medical Center.

“Officer” means an elected official of the Clinical Staff as more particularly described in Article IX of these Bylaws.

“Ongoing Professional Practice Evaluation (“OPPE”)” means a process that allows identification of professional practice trends of members of the Clinical Staff that impact on quality of care and patient safety on an ongoing basis and focuses on the individual member’s performance and competence related to his or her Clinical Staff privileges. See Medical Center Policy No. 0279 and Credentials Manual internet/clinical-staff-office/doc/Clinical-Staff-Manual_rev011108.doc.

“Peer” means a practitioner or clinician whose interest and expertise as documented by clinical practice or academic rank and/or post graduate degree(s) is reasonably determined to be equivalent in scope and emphasis to that of another practitioner or clinician.
“Peer Review” means a systematic review of a practitioner’s or clinician’s clinical practice or professionalism, or a review of a portion of the clinical practice or professionalism, by a Peer or Peers of the individual practitioner or clinician.

“Ph.D. Clinical Pathologist” means an individual who has been awarded a Ph.D. degree in the field of pathology.

“Ph.D. Clinical Psychologist” means an individual who has been awarded a Ph.D. degree or equivalent terminal degree in Clinical Psychology and who holds a current license to practice clinical psychology issued by the Virginia Board of Psychology.

“Physician” means any individual who has received a Doctor of Medicine or Doctor of Osteopathy degree and holds a current license to practice medicine in the Commonwealth of Virginia.

“Podiatrist” means an individual who has received a Doctor of Podiatric Medicine degree and who holds a current license to practice podiatry issued by the Virginia Board of Medicine.

“President” means the most senior elected Officer of the Clinical Staff as described in Article IX of these Bylaws.

“President-elect” means the president-elect of the Clinical Staff as described in Article IX of these Bylaws.

“Regional Primary Care” means the primary care satellite offices as designated by the Medical Center from time to time.

“Resident” means a Physician, Dentist or Ph.D. Clinical Psychologist in a program of graduate medical education in anticipation of fulfilling the requirements for first board certification.

“School of Medicine” means the medical school at the University of Virginia.

“Senior Associate Dean for Clinical Affairs” means that Member appointed by the Dean to serve as the Senior Associate Dean for Clinical Affairs.

“Temporary Privileges” means those Clinical Privileges granted for a period not to exceed 120 days as more specifically described in Section 5.7 of these Bylaws.

“University” or “University of Virginia” means the corporation known as The Rector and Visitors of the University of Virginia, which is an agency of the Commonwealth of Virginia.
ARTICLE II
GOVERNANCE OF THE MEDICAL CENTER

2.1 Medical Center Operating Board

The Medical Center Operating Board is the governing body of the Medical Center. Each Member of the Clinical Staff assumes his or her responsibilities subject to the authority of the MCOB. The MCOB shall be constituted as directed by the Board of Visitors of the University from time to time.

2.2 Clinical Staff Executive Committee

The Clinical Staff Executive Committee serves as the executive committee of the Clinical Staff and reports to the MCOB. In this role, the Clinical Staff Executive Committee oversees the quality of the clinical care delivered within the Medical Center and delineates and adopts clinical policy within the Medical Center. It is responsible for communications to Members of the Clinical Staff and other Non-Members regarding clinical practice issues and it represents the interests of the Clinical Staff to the MCOB. The Clinical Staff Executive Committee is empowered to act for the Clinical Staff in the intervals between Clinical Staff meetings and independently with respect to those matters over which it is given authority in these Bylaws. The Clinical Staff Executive Committee shall be constituted and have the other duties as described in Article X hereof.
ARTICLE III
CLINICAL STAFF PURPOSE AND MEMBERSHIP

3.1 Purposes of Organization

The purposes of the Clinical Staff of the University of Virginia Medical Center shall be:

(a) to provide a system of Clinical Staff governance and patient care whereby patients treated in any Medical Center facility shall receive quality health care;

(b) to provide a mechanism for reviewing the qualifications of Applicants for Clinical Staff membership and a process regarding recommendations to the MCOB for the admission and termination of membership to the Clinical Staff as provided in these Bylaws;

(c) to provide a mechanism for reviewing the qualifications of Applicants for Clinical Privileges and a process regarding recommendation to the MCOB for the granting of Clinical Privileges as provided in these Bylaws and in the Credentials Manual;

(d) to provide a mechanism for ongoing review and evaluation of the performance of each Member and Non-Member providing professional services to patients to ensure a high level of professional and ethical performance, and to recommend corrective action when any Member's or Non-Member’s performance falls below the standards established for such professionals;

(e) to provide an appropriate educational setting that will maintain scientific standards and promote continuous advancement in professional knowledge and skill; and

(f) to fulfill such other missions as the MCOB may adopt for the Medical Center from time to time.

3.1.1 Nature of Clinical Staff Membership

Membership on the Clinical Staff is a privilege that is extended to professionally competent practitioners who continuously meet the qualifications, obligations, responsibilities, standards and requirements stated in these Bylaws and the Credentials Manual. Membership implies active participation in Clinical Staff activities to an extent commensurate with the exercise of the Clinical Staff Member’s privileges and as may be required by the Clinical Staff Member’s Department and Division.

3.2 Eligibility for Clinical Staff Membership

Membership on the Clinical Staff may be extended only to Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists and Ph.D. Clinical Pathologists who maintain a faculty appointment in the School of Medicine (excluding Honorary Members who shall be former faculty in the
School of Medicine) and meet the other requirements for Clinical Staff membership as provided in these Bylaws. No person shall be entitled automatically to membership solely on the basis of licensure to practice in the Commonwealth of Virginia or any other state; membership in any professional organization; certification by any clinical board; or staff membership at any health care facility or practice setting. No Applicant for membership on the Clinical Staff shall be granted or denied membership on the basis of sex, race, age, creed, color, national origin, sexual orientation, religion, veteran status or disability.

3.3 Categories and Assignment of Clinical Staff

The categories of Clinical Staff membership shall be:

- Active Clinical Staff
- Administrative Clinical Staff
- Honorary Clinical Staff
- Ph.D. Clinical Pathologist Staff

Each Member shall be categorized as Active, Administrative, Honorary or Ph.D. Clinical Pathologist as proposed and approved as provided in these Bylaws. All Active and Ph.D. Clinical Pathologist Members shall be assigned to a specific clinical Department or other clinical enterprise within the University of Virginia, such as Community Medicine or Regional Primary Care. Joint appointments between clinical Departments and/or other clinical enterprises within the University shall be considered on an individual basis.

3.4 Basic Responsibilities of Clinical Staff Membership

3.4.1 Delivery of Health Care

Active and Ph.D. Clinical Pathologist Members are responsible for the quality of health care delivered within the Medical Center facilities and accept this responsibility subject to the ultimate authority of and accountability to the MCOB. Ongoing responsibilities for the delivery of health care by Members in accordance with the privileges granted them, shall include but are not limited to the following:

(a) providing patients with the quality of care that meets the professional standards and volume standard consistent with reasonably active clinical practice of the Clinical Staff of the Medical Center;

(b) abiding by these Bylaws, the Code of Conduct, the Compliance Code of Conduct, the Medical Center’s Code of Ethics and Medical Center policies, procedures, rules and regulations;

(c) complying with Procedures for Appointment and Reappointment to the Clinical Staff as set forth in the Credentials Manual /internet/clinical-staff-office/doc/Clinical-Staff-Manua_rev011108.doc;
(d) preparing in legible form, completing within prescribed timelines and maintaining the confidentiality of medical records for all the patients to whom the Member provides care in the Medical Center as required by Medical Center policies;

(d) working collaboratively and collegially with Members, non-Members, nurses, Allied Health Professionals, Graduate Medical Trainees, Medical Center administration and employees, and others so as not to adversely affect patient care;

(e) retaining responsibility for the continuous care and supervision of the Member’s patients, including securing appropriate coverage when he or she is unavailable, or arranging a suitable alternative;

(f) refusing to engage in improper inducements for patient referrals;

(g) participating in such emergency service coverage or consultation panels as may be determined by the Clinical Staff Executive Committee;

(h) complying with federal and state laws regarding the treatment of patients with emergency medical conditions in all Medical Center inpatient and outpatient facilities.

(i) avoiding actual, potential or perceived conflicts of interest in the delivery of patient care in accordance with federal and state laws and Medical Center policies;

(j) conducting histories and physicals as required by Medical Center Policy No. 0094; and

(k) performing all patient care related tasks required by the CMS Medicare and Medicaid Conditions of Participation or the Joint Commission that are applicable to the Member’s patients or required for the Medical Center to remain a participant in the Medicare and Medicaid programs and to be accredited by the Joint Commission.

3.4.2 Professional Ethics and Conduct

Each Member of the Clinical Staff shall demonstrate moral character and adherence to generally recognized standards of medical and professional ethics. Specifically, but without limitation, this requirement includes refraining from: paying or accepting commissions or referral fees for professional services; delegating the responsibility for diagnosis and care of patients to a practitioner not qualified to undertake that responsibility; failing to seek appropriate consultation when medically indicated; failing to provide or arrange for appropriate and timely medical coverage and care for patients for whom he/she is responsible; failing to obtain required informed consent; failing to adhere to standards of appropriate professional behavior; and failing to follow
appropriate requirements for billing and reimbursement for professional services. All members of the Clinical Staff are expected to fully comply with state and federal laws and accreditation requirements and to adhere to all University of Virginia and University of Virginia Medical Center policies, procedures, rules and regulations.

3.4.3 Supervision of Graduate Medical Trainees

The Clinical Staff shall supervise participants in the Graduate Medical Education program in the performance of clinical activities within the Medical Center. Such supervision requirements are contained in the GME Manual and applicable Medical Center and Departmental policies and as required by the ACGME and noted on the ACGME website http://www.acgme.org/acWebsite/home/home.asp.

3.4.4 Other Member Responsibilities

Additional responsibilities of Members may include, as appropriate:

(a) abiding by the Standards of Professional Conduct of the Virginia Boards of Medicine, Psychology and Dentistry, as appropriate, and ethical requirements of the Medical Society of Virginia, the American Board of Medical Specialties (as applicable), or the other professional associations of dentists, podiatrists, and psychologists, as appropriate;

(b) engaging in conduct that is professional, cooperative, respectful and courteous of others and is consistent with and reinforcing of the missions of the Medical Center;

(c) participating in any Clinical Staff approved educational programs for medical students, Graduate Medical Trainees, Members, non-Members, nurses, Allied Health Professionals, and other Medical Center personnel;

(d) attending meetings of the Clinical Staff, Department, Division, as applicable, and committees to which a Member has been appointed, as required; and

(e) participating in recognized functions of Clinical Staff appointment, including quality improvement activities, FPPE as necessary, OPPE, Case Review and Peer Review and discharging other Clinical Staff functions as may be required from time to time by the Department Chair, the Division Chief, the Clinical Staff, the Clinical Staff Executive Committee or the MCOB.

3.5 Active Clinical Staff Members

3.5.1 Qualifications

The Active Clinical Staff shall consist of Physicians, Dentists, Podiatrists, and Ph.D. Clinical Psychologists, each of whom:
(a) is appointed a member of the full-time or part-time faculty of the School of Medicine and is appointed to an appropriate clinical Department;

(b) is licensed by the appropriate Commonwealth of Virginia licensing board for his or her profession, and has obtained a controlled substances registration from the DEA unless not required for the scope of professional practice of the Active Member;

(c) documents relevant training or experience, current licensure, current competence and ability, as documented by FPPE or OPPE, to perform the privileges requested and demonstrates clinical ability and physical and mental health, all so as to demonstrate to the satisfaction of the Clinical Staff Executive Committee and the MCOB that each is professionally and ethically competent and that patients treated by him or her can reasonably expect to receive quality medical care;

(d) has been granted Clinical Privileges in accordance with Articles V and VI of these Bylaws and the Credentials Manual;

(e) has and maintains professional liability insurance coverage or self-insurance plan in an amount satisfactory to the MCOB, as established by resolution from time to time;

(f) if a Physician, is board certified as required by Medical Center Policy No. 0221;

(g) adheres strictly to the ethics of his or her profession; and

(h) is willing to participate and share equitably in the discharge of Clinical Staff responsibilities, including but not limited to Department, Division and committee assignments and on-call patient care responsibilities.

3.5.2 Prerogatives

The prerogatives of an Active Clinical Staff Member shall be to:

(a) participate fully in the care of patients, educational activities and research, within the scope of his or her delineated Clinical Privileges;

(b) if privileged to do so, admit patients to the Medical Center inpatient facilities;

(c) exercise Clinical Privileges as granted in accordance with these Bylaws and the Credentials Manual, except as otherwise provided in these Bylaws, the Credentials Manual or by specific privilege restriction;
vote on all matters presented at general and special meetings of the Clinical Staff, and of the Department and/or Division and committees to which the Member is appointed;

be considered for election to Clinical Staff office; and

attend Clinical Staff, Department, and as applicable, Division meetings and serve on Clinical Staff Committees.

3.6 Administrative Clinical Staff

3.6.1 Qualifications

The Administrative Clinical Staff shall consist of Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists, and Ph.D. Clinical Pathologists, each of whom is appointed by the Dean and the Chief Executive Officer to participate in the management of the Medical Center but has no direct patient care responsibilities.

3.6.2 Prerogatives

The prerogatives of an Administrative Clinical Staff Member shall be to:

(a) vote on all matters presented at general and special meetings of the Clinical Staff, and of the Department and/or Division and Committees to which the Member is appointed, if any; and

(b) attend Clinical Staff, Department, and as applicable, Division meetings and serve on Clinical Staff Committees.

3.6.3 Limitations

Administrative Clinical Staff Members shall not (i) be granted or exercise Clinical Privileges, (ii) attend or admit patients to Medical Center facilities, or (iii) hold office in the Clinical Staff.

3.7 Honorary Clinical Staff

3.7.1 Qualifications

The Honorary Clinical Staff shall consist of Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists and Ph.D. Clinical Pathologists, each of whom is a former Member of the Clinical Staff who has retired or withdrawn from practice and has been nominated to be an Honorary Member by the current Chair of the Department in which the person practiced or by the Dean in recognition of his or her noteworthy contributions to the Medical Center; and
(a) was a member in good standing of the Clinical Staff at the time of his or her retirement or withdrawal from practice; and

(b) continues to adhere strictly to the ethics of his or her profession.

3.7.2 Prerogatives

Honorary Clinical Staff may:

(a) attend Clinical Staff, Department and as applicable, Division meetings but they are not required to do so; and

(b) serve on Clinical Staff Committees.

3.7.3 Limitations

Honorary Clinical Staff Members shall not (i) be granted or exercise Clinical Privileges, (ii) attend or admit patients to Medical Center facilities, (iii) vote or (iv) hold office in the Clinical Staff.

3.8 Ph.D. Clinical Pathologist Staff

3.8.1 Qualifications

The Ph.D. Clinical Pathologist Staff shall consist of Pathologists who hold a faculty appointment in the School of Medicine and who may, because of scientific skills, contribute to patient care, education or research and each of whom:

(a) is appointed a member of the full-time or part-time faculty of the School of Medicine and is appointed to the Department of Pathology;

(b) documents relevant training or experience, current competence, as documented by FPPE or OPPE, to perform the privileges requested and demonstrates clinical ability and physical and mental health, all so as to demonstrate to the satisfaction of the Clinical Staff and the MCOB that each is professionally and ethically competent;

(c) has been granted Clinical Privileges in accordance with Articles V and VI of these Bylaws and the Credentials Manual;

(d) has and maintains professional liability insurance coverage or self-insurance plan in an amount satisfactory to the MCOB, as established by resolution from time to time;

(e) adheres strictly to the ethics of his or her profession; and
is willing to participate and share equitably in the discharge of Clinical Staff responsibilities, including but not limited to Department, Division and committee assignments and on-call patient care responsibilities.

3.8.2 Prerogatives

The prerogatives of the Ph.D. Clinical Pathologist Staff Members shall be to:

(a) advise Active Members regarding patient care;

(b) exercise Clinical Privileges as granted in accordance with these Bylaws and the Credentials Manual, except as otherwise provided in these Bylaws, the Credentials Manual or by specific privilege restriction;

(c) participate in educational activities and research;

(d) vote on all matters presented at general and special meetings of the Clinical Staff, and of the Department and/or Division and Committees to which the Member is appointed; and

(e) attend Clinical Staff, Department and, as applicable, Division meetings and serve on Clinical Staff Committees.

3.8.3. Limitations

Ph.D. Clinical Pathologist Staff Members shall not (i) attend or admit patients to Medical Center facilities, or (ii) hold office in the Clinical Staff.

3.9 Children’s Hospital Clinical Staff

The Children’s Hospital Clinical Staff shall consist of Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists and Ph.D. Clinical Pathologists who are Members of the Clinical Staff, each of whom is self-identified as being willing to:

(a) provide a system of coordination and patient care whereby all patients admitted to or treated in any Children’s Hospital facility shall receive the highest quality health care in a safe and patient and family-centered care environment, and

(b) provide the forum and mechanisms that enable communications and sharing of information and to assess and formulate recommendations on matters of common interest regarding the provision of care and services to children.

Meetings of the Children’s Hospital Clinical Staff may be called from time to time by the Chair of the Children’s Hospital Clinical Practice Committee.
3.10 Other Healthcare Professionals

Other healthcare professionals not described above may not be Members of the Clinical Staff.

3.10.1 Non-Members

Non-Members are Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists or Ph.D. Clinical Pathologists who are not Members of Clinical Staff but who are granted privileges to provide care to patients of the Medical Center from time to time as provided in these Bylaws and in the Credentials Manual. Non-Members shall have Clinical Privileges as provided in Article V and the Credentials Manual. Non-Members shall have none of the rights conferred on Members in these Bylaws, including but not limited to those provided in Article VIII hereof, but shall be required to follow policies and procedures of the Medical Center and the Clinical Departments for patient care.

3.10.2 Graduate Medical Trainees

Graduate Medical Trainees as defined in Article I of these Bylaws, are privileged by the Medical Center under a separate process specified in the GME Manual and are not governed by these Bylaws. Graduate Medical Trainees shall be required to follow policies and procedures of the Medical Center and the clinical Departments both for medical training and patient care. Department Chairs must delineate the specific procedures and activities for which the Graduate Medical Trainee is qualified and provide documentation of Departmental review and assessment that supports the delineation of specific procedures and activities.

3.10.3 Allied Health Professionals

Allied Health Professionals, as defined in Article I of these Bylaws, are privileged under a separate process that is specified in the Allied Health Professionals Manual. Allied Health Professionals are not governed by these Bylaws. All Allied Health Professionals working for or in the Medical Center shall be required to follow policies and procedures of the Medical Center.
ARTICLE IV
PROCEDURES FOR MEMBERSHIP

4.1 Procedure for Active Clinical Staff Membership

In order to become an Active Member of the Clinical Staff, the individual Physician, Dentist, Podiatrist, or Ph.D. Clinical Psychologist shall follow the applicable procedure in effect from time to time for obtaining an appointment as a Clinical Faculty Member in the School of Medicine, satisfy the criteria set forth in Article III of these Bylaws for an Active Member and follow the procedure for obtaining Clinical Privileges as provided in these Bylaws and the Credentials Manual, all as verified by the Clinical Staff Office. The Dean and the applicable Department Chair shall jointly make the request in writing to the Clinical Staff Office for an individual to be appointed or reappointed as an Active Member in accordance with Article V of these Bylaws.

The Credentials Manual establishes requirements for application for Clinical Staff Clinical Privileges. /internet/clinical-staff-office/doc/Clinical-Staff-Manua_reva01118. The Credentials Manual may be amended from time to time by the Chair of the Credentials Committee in consultation with the President of the Clinical Staff and the Chief Executive Officer of the Medical Center.

4.2 Procedure for Administrative Clinical Staff Membership

The Clinical Staff Executive Committee shall approve the appointment of any person selected by the Chief Executive Officer or the Dean to be an Administrative Member.

4.3 Procedure for Honorary Clinical Staff Membership

In order to become an Honorary Member of the Clinical Staff, the individual who satisfies the criteria set forth in Article III of these Bylaws shall be nominated by his or her former Chair or the Dean and approved by the Clinical Staff Executive Committee.

4.4 Procedure for the Ph.D. Clinical Pathologist Staff Membership

In order to become a Ph.D. Clinical Pathologist Staff Member of the Clinical Staff, the Ph.D. Clinical Pathologist shall follow the applicable procedure in effect from time to time for obtaining an appointment as a Clinical Faculty Member in the Department of Pathology in the School of Medicine and satisfy the criteria set forth in Article III of these Bylaws for a Ph.D. Clinical Pathologist Staff Member, as verified by the Clinical Staff Office. The Dean and the Chair of the Department of Pathology shall jointly make the request in writing to the Clinical Staff Office for an individual to be appointed or reappointed as a Ph.D. Clinical Pathologist Staff Member in accordance with Article VI of these Bylaws.
4.5 Leave of Absence

A Member of the Clinical Staff who has obtained a leave of absence from the School of Medicine, consistent with applicable faculty policies, may also obtain a leave of absence from clinical practice. Contemporaneously with a request for leave of absence from the School of Medicine, the Member shall provide notice to the Credentials Committee of the leave, including the reasons for the leave and the approximate period of leave desired. In addition the Chair of the Member’s Department and the Dean of the School of Medicine shall provide notice to the Credentials Committee of any leave of absence granted to a Member. Such leave of absence is further subject to conditions and limitations that the President of the Clinical Staff, the Chair of the Credentials Committee or the CEO of the Medical Center determines to be appropriate. During the leave of absence, the Member shall not exercise his/her Clinical Privileges and his/her Clinical Staff responsibilities and prerogatives shall be inactive. The Department Chair of the Member on leave shall be responsible for arranging for alternative care for the Member’s patients while the Member is on leave.

Prior to returning from a leave of absence, a Member shall notify the Credentials Committee in writing in accordance with the procedures and the timelines set forth in the Credentials Manual and shall provide all necessary information needed for the Credentials Committee to evaluate whether the Member is qualified to resume Clinical Staff membership, including the exercise of Clinical Privileges. A Member who has been on leave of absence may not have his or her Clinical Privileges reactivated until a determination is made by the Credentials Committee that the Member may return to clinical practice and the conditions of the return. If the Clinical Privileges of a Member who has been on leave are not reactivated, the Member shall have access to the procedures outlined in Article VIII of these Bylaws.

Failure, without good cause, to request reinstatement prior to the end of an approved leave of absence shall be deemed a voluntary resignation from the Clinical Staff and voluntary relinquishment of Clinical Privileges. A request for Clinical Staff membership or Clinical Privileges subsequently received from an Applicant deemed to have voluntarily resigned shall be submitted and processed in the manner specified for applications for initial appointment.

4.6 Cessation of Membership

Membership in the Clinical Staff shall cease automatically when the individual no longer meets the criteria set forth in these Bylaws, including failure to be reappointed to the faculty of the School of Medicine (excluding Honorary Members) or resignation, retirement or termination from the School of Medicine (excluding Honorary Members).
ARTICLE V
CATEGORIES OF CLINICAL PRIVILEGES

5.1 Exercise of Clinical Privileges

Every Member, in connection with such membership, shall be entitled to exercise only those delineated Clinical Privileges specifically recommended by the Credentials Committee, recommended by the Clinical Staff Executive Committee and approved by the MCOB, except as provided in Sections 5.7 and 5.8 of this Article V. Every Non-Member shall be entitled to exercise only those delineated Clinical Privileges specifically recommended by the Credentials Committee, recommended by the Clinical Staff Executive Committee and approved by the MCOB, except as provided in Sections 5.7 and 5.8 of this Article V. The Medical Center has the prerogative to audit from time to time Members’ clinical practice to verify that Members are practicing within the scope of the specific Clinical Privileges that have been granted.

5.2 Delineation of Privileges

Every application for Clinical Staff appointment or reappointment (excluding Administrative and Honorary Members) and every request for Clinical Privileges must contain a request for the specific Clinical Privileges desired by the Applicant. The evaluation of such request shall be based upon the Applicant's education, training, experience, demonstrated competence as documented by evaluations from Peers, supervision or monitoring during a first or provisional year, FPPE and OPPE, references and other relevant information, including an appraisal by the clinical Department in which such privileges are sought. The specific procedures set forth in these Bylaws and the Credentials Manual shall be followed throughout the appointment and reappointment process.

5.3 Privileges for Active Staff and Ph.D. Clinical Pathologist Staff

Active Staff and Ph.D. Clinical Pathologist Staff must have Clinical Privileges as more specifically provided in the Credentials Manual.

5.4 Privileges for Non-Members

Non-Members who desire to practice in the Medical Center may be granted limited privileges only as specifically permitted by the Credentials Manual or required by the Credentials Committee. Non-Members may be issued Clinical Privileges in one of the following categories: Consulting Privileges or Visiting Privileges.

5.5 Consulting Privileges

5.5.1 Description

Non-Members who may be granted Consulting Privileges shall consist of Physicians, Dentists, Podiatrists, and Ph.D. Clinical Psychologists who will participate in patient care activities for Medical Center patients at the request of an Active Member of the Clinical...
Staff, each of whom shall provide information and documentation required by the Credentials Manual and Medical Center policies. Non-Members who are granted Consulting Privileges may include individuals providing care and treatment to Medical Center patients through telemedicine or individuals providing care and treatment to patients who are receiving services in Medical Center hospital units located within other healthcare entities.

5.5.2 Prerogatives

The prerogatives of the Non-Member with Consulting Privileges shall be to consult regarding care to patients at the request of an Active Member and only as specifically delineated in his or her Clinical Privileges.

5.5.3 Limitations

The Non-Member with Consulting Privileges shall not admit patients to an inpatient facility of the Medical Center nor serve as the primary attending of record in Medical Center facilities.

5.6 Visiting Privileges

5.6.1 Description

Non-Members who may be granted Visiting Privileges shall consist of Physicians, Dentists, Podiatrists, and Ph.D. Clinical Psychologists who will participate in patient care activities for Medical Center patients for a time-limited period at the request of an Active Member of the Clinical Staff, with the support of his or her Chair, each of whom shall provide information and documentation relevant to his or her privilege specific expertise as may be required by the Credentials Committee.

5.6.2 Prerogatives

The prerogatives of the Non-Member with Visiting Privileges shall be to:

(a) participate as applicable in the care of patients, educational activities and research facilities, within the scope of his or her delineated Clinical Privileges;

(b) exercise Clinical Privileges as granted in accordance with these Bylaws and the Credentials Manual, except as otherwise provided in these Bylaws, the Credentials Manual or by specific privilege restriction; and

(c) attend Clinical Staff, Department and as applicable, Division meetings as invited.
5.6.3 Limitations

The Non-Member with Visiting Privileges shall not admit patients to an inpatient facility of the Medical Center nor serve as the primary attending of record in Medical Center facilities.

5.7 Temporary Privileges

5.7.1 Circumstances Under Which Temporary Privileges May Be Granted

Temporary Privileges shall be granted in only two (2) circumstances:

(a) When an important patient care need mandates an immediate authorization to practice, an application for temporary privileges will be considered on a case-by-case basis. (This circumstance includes situations in which a Member with specific skills and expertise becomes ill or takes a leave of absence and an individual knowledgeable about the area of practice is needed to provide certain services to a patient or when a patient’s needs require specific, specialized expertise that no other Member possesses); or

(b) When the Chair of the Credentials Committee has recommended that an Applicant with a complete application with no indication of adverse information about state licensing actions, DEA registrations, current medical, psychiatric or substance abuse impairments that could affect practice, criminal convictions or verdicts/settlements of concern to the Credentials Committee may be granted specific privileges and that recommendation is awaiting review by the full Credentials Committee and the Clinical Staff Executive Committee and approval of the MCOB.

5.7.2 Application and Review

(a) Where an important patient care need mandates an immediate authorization to practice as contemplated by 5.7.1 (a), the Chair of the Credentials Committee, with the written concurrence of the Department Chair and the President of the Clinical Staff, may grant Temporary Privileges. Such temporary grant of privileges shall not be made unless the following verifications are present:

(i) Letter from the appropriate Department Chair explaining the important nature of the situation and the benefit to a patient or patients as a result of immediate authorization of the specified task(s);

(ii) Copy of current Virginia license;

(iii) Listing of delineated privileges requested with appropriate documentation of competence to perform each of the specified tasks;
(iv) Proof of current liability coverage, showing coverage limits and dates of coverage; and

(v) There exist no state licensing actions, DEA registrations, current medical, psychiatric or substance abuse impairments that could affect practice, criminal convictions or verdicts/settlements of concern to the Credentials Committee.

If the above requirements are not satisfied, Temporary Privileges may not be granted. In addition the Credentials Manual may specify additional verifications required before such Temporary Privileges may be granted.

(b) For all situations arising under 5.7.1 (b), the Chair of the Credentials Committee may grant Temporary Privileges for not more than one hundred twenty (120) days or until such time as the request is officially approved, whichever time is shorter. No such Temporary Privileges may be granted unless there is:

(i) Verification of current licensure, relevant training or experience, documentation of current competence, ability to perform the privileges requested as verified by a evaluations from peers, supervision or monitoring during first or provisional year, FPPE, and a certificate of insurance for current liability coverage showing coverage limits and dates of coverage;

(ii) Evidence of a completed query to the National Practitioner Data Bank and an analysis of the evaluation of the results of such query; and

(iii) The Applicant has not been subject to involuntary termination of medical staff membership at another organization, has not been subject to involuntary limitation, reduction, denial or loss of Clinical Privileges and has not relinquished Clinical Privileges at another organization while under investigation by that organization.

The Credentials Manual may specify additional documentation required before such Temporary Privileges may be granted.

5.7.3 General Conditions

If granted Temporary Privileges, the Applicant shall act under the supervision of the Department Chair, or his or her designee, to which the Applicant has been assigned, and shall ensure that the Chair, or the Chair’s designee, is kept closely informed as to his or her activities within the Medical Center. The Credentials Manual specifies supervisory requirements for the Chair or the Chair’s designee when Temporary Privileges have been granted to an Applicant in the Department.
(a) Temporary Privileges shall automatically terminate at the end of the designated period, unless earlier terminated by the Credentials Committee upon recommendation of the Department Chair, the President or the Chief Executive Officer, or unless affirmatively renewed following the procedure set forth in Section 6.2.

(b) Requirements for proctoring and monitoring, including FPPE or OPPE, may be imposed on such terms as may be appropriate under the circumstances upon any Member granted Temporary Privileges by the Chair of the Credentials Committee after consultation with the Department Chair or his or her designee.

(c) At any time, Temporary Privileges may be terminated by the Clinical Staff Executive Committee. In such cases, the appropriate Department Chair shall assign a Member to assume responsibility for the care of such practitioner’s patient(s). The preferences of the patient shall be considered in the choice of a replacement Member.

(d) A person shall not be entitled to the procedural rights afforded by Article VIII because a request for Temporary Privileges is refused or because all or any portion of Temporary Privileges are terminated or suspended.

(e) All persons requesting or receiving Temporary Privileges shall be bound by the Bylaws, the Credentials Manual, and the policies, procedures, rules and regulations of the Medical Center.

5.8 Emergency Privileges

In the case of unpredictable emergencies, including but not limited to those caused by natural disasters and bioterrorism, which result in the activation of the Medical Center Emergency Management Plan, any clinician, to the degree permitted by his or her license and regardless of service or staff status or the lack thereof, shall perform services to save the life of a patient, using every facility of the Medical Center necessary, including the calling of any consultation appropriate or desirable. The Chief Executive Officer, the President of the Clinical Staff or the Chair of the Credentials Committee may grant Emergency Privileges for the period required to supplement normal patient care services during the emergency as more specifically provided in the Credentials Manual. When the emergency situation no longer exists, any such clinician must apply for the staff privileges necessary to continue to treat the patient(s). In the event such privileges are denied or are not requested, the patient(s) shall be assigned to another Member.

5.9 Telemedicine Credentialing and Privileging

All Members who diagnose or treat patients via telemedicine link are subject to the credentialing and privileging processes of the organization that receives the telemedicine service, or by the Medical Center in accordance with a written agreement with the organization receiving the telemedicine service.
ARTICLE VI
APPOINTMENT AND REAPPOINTMENT

6.1 Procedure for Initial Appointment

When the Dean and a Department Chair have mutually agreed upon a candidate (hereinafter referred to as “Applicant”) for his or her Department, the Dean and the Chair jointly shall forward a copy of the offer letter and a request for appointment and privileges to the Credentials Committee for an initial period not to exceed one (1) year. All required information and documentation shall be submitted in accordance with the Credentials Manual, including the deadlines set forth therein using the application form or other forms required thereby. No application shall be considered until all required information and documentation is completed within the timeframes specified in the Credentials Manual. /internet/clinical-staff-office/doc/Clinical-Staff-Manual_rev011108.doc

The Credentials Committee shall then follow the credentialing procedures set forth in the Credentials Manual including the process related to the information required in an application for initial appointment and the processing of the application. Upon receipt and review of all necessary credentialing documentation, the Credentials Committee shall recommend to the Clinical Staff Executive Committee that such Applicant should either be granted or denied initial privileges in the Medical Center. The Clinical Staff Executive Committee shall then review the Credentials Committee’s recommendation and all applicable documentation. If the Credentials Committee and the Clinical Staff Executive Committee are both in favor of granting privileges to the Applicant, the favorable recommendation shall be forwarded to the MCOB for final action.

6.2 Provisional Appointment Status

Initial appointments and all initially granted Clinical Privileges for Active and Ph.D. Clinical Pathologist Staff shall be provisional for a period of one year. During this provisional period, the individual’s performance and clinical competence shall be observed and evaluated through FPPE and OPPE by the Chair, Division Chief, or Peer designee of the applicable Department. If at the end of the year the Active or Ph.D. Clinical Pathologist Staff satisfies the requirements to become an active Member as more specifically provided in these Bylaws and the Credentials Manual, the provisional status ceases. If at the end of the year the Active or Ph.D. Clinical Pathologist Staff does not satisfy the requirements to become an active Member as required by these Bylaws and the Credentials Manual, then membership in the Clinical Staff and Clinical Privileges for that individual shall cease. Failure to achieve active status from provisional status shall not give rise to the procedural rights, afforded by Article VIII of these Bylaws.

6.3 Procedure for Reappointment

Periodic redetermination of Clinical Privileges for Active and Ph.D. Clinical Staff Members, and the increase or curtailment of same, shall be based upon the reappointment procedures set forth in the Credentials Manual, including deadlines for submission of information and documentation and the forms required thereby. Criteria to be considered at the time of reappointment may
include specific information derived from the Department’s direct observation of care provided, information gathered through FPPE and OPPE, review of records of patients treated in this or other medical centers, review of the records of the Departmental Clinical Staff as compared to the records of the particular Member and an appropriate comparison of the performance of the Member with his or her professional colleagues in the Department. If a Member chooses not to seek reappointment or renew privileges, the procedures set forth in Articles VII and VIII shall not apply.

6.4 Active Status

An Active or Ph.D. Clinical Pathologist Staff Member may become an active Member with Clinical Privileges upon the satisfactory conclusion of provisional status as provided in these Bylaws and the Credentials Manual, which appointment shall be for no more than two (2) years at a time and as more specifically provided in the Credentials Manual.

6.5 Change in Qualification

If during the course of any period of appointment, the qualifications of the Member change, or the Department learns of Adverse Action taken by an official licensing or certification body or Medicare or Medicaid, then those changes in qualification or Adverse Action must be reported immediately to the Member's Department Chair and the Credentials Committee who will review the information and determine whether the Member's privileges should be revoked, revised, or suspended. The provisions of Section 7.6 or Article VIII may apply.

6.6 New or Additional Clinical Privileges

Requests for new or additional Clinical Privileges, including those related to the use of new technology or a new procedure, technique or treatment modality, shall be processed only when the Applicant meets the Medical Center approved criteria. In the event there are no approved criteria, the Medical Center shall first determine whether it will allow the new or additional Clinical Privilege, and if so the procedure described in the Credentials Manual or Medical Center policy for new or additional Clinical Privileges shall be followed. Applications for new or additional Clinical Privileges must be in writing and submitted by the Applicant as well as by the appropriate Department Chair. All applications for new or additional Clinical Privileges shall be submitted on a form prescribed by the Credentials Committee upon which the type of Clinical Privileges desired and, among other things, the Member’s relevant recent training and/or experience are set out, together with any other information required by the Credentials Committee or the Credentials Committee. Such applications shall be processed as provided in the Credentials Manual, including the timeline for processing. The Credentials Committee shall determine the conditions and requirements upon which any new or additional Clinical Privileges shall be granted, including but not limited to, how current competence will be demonstrated and any proctoring or other monitoring requirements, and will recommend the requirements to the Clinical Staff Executive Committee for consideration. In turn CSEC shall make appropriate recommendations regarding new or additional Clinical Privileges to the Medical Center Operating Board for final determination. A decision not to approve a new or additional Clinical Privilege to be performed within the Medical Center and/or to be added to the Medical Center
privilege list shall not be deemed an Adverse Action or a denial of privileges nor entitle any individual to the hearing rights set forth in Article VIII of these Bylaws.

6.7 Burden of Producing Information

In connection with all applications for appointment of membership and for Clinical Privileges, the Applicant shall have the burden of producing information for an adequate evaluation of the Applicant’s qualifications and suitability for the Clinical Privileges requested, of resolving any reasonable doubts about these matters, and of satisfying requests for information. This burden may include submission to a medical or psychological examination, at the Applicant’s expense, if deemed appropriate by the Department Chair, the President of the Clinical Staff, the Chair of the Credentials Committee, the Chief Executive Officer of the Medical Center, the Dean of the School of Medicine, or the Director of the Physician Wellness Program. The President of the Clinical Staff, the Chair of the Credentials Committee, the Chief Executive Officer of the Medical Center, or the Director of the Physician Wellness Program shall select the examining physician, program, and/or site of the examination.

The Applicant or Member has a duty to advise the Credentials Committee, within fifteen (15) days, of any change in information previously submitted by him or her related to his or her credentials. The Applicant’s failure to sustain these duties shall be grounds for denial of the application or termination of a Member’s Clinical Staff membership and a Member or Non-Member’s Clinical Privileges.

6.8 Acknowledgment of Applicant

Each Applicant shall sign and specifically acknowledge his or her agreement:

(a) to provide for appropriate continuous care and supervision of his or her patients;

(b) to abide by the Clinical Staff Bylaws, the Medical Center Policy Manual, the Code of Conduct, the Compliance Code of Conduct, the Code of Ethics and all other Medical Center policies, procedure, rules, or regulations applicable to the Clinical Staff or to Non-Members;

(c) to comply with procedures for appointment and reappointment to the Clinical Staff as set forth in the Credentials Manual or otherwise deemed appropriate by the Credentials Committee;

(d) to participate in quality improvement and Peer Review activities of the Medical Center and to accept committee assignments, as applicable;

(e) to release from liability, to the fullest extent permitted by law, all persons for their acts performed in connection with investigating and evaluating the Applicant;

(f) to submit to a mental or physical health examination as requested by the Department Chair, the President of the Clinical Staff, the Chair of the Credentials Committee, the
(g) to abide by all requirements contained in the Appointment Acceptance Form and all other requirements contained in the Credentials Manual.

ARTICLE VII
CORRECTIVE ACTION FOR MEMBERS AND NON-MEMBERS WITH CLINICAL PRIVILEGES

7.1 Criteria for Initiation

A Member’s and Non-Member’s Clinical Privileges may be reduced, suspended or terminated for activities or professional conduct considered to be lower than the standards of the Medical Center and the Clinical Staff, or to be disruptive to operations of the Medical Center, or for violation of these Bylaws, directives of the Clinical Staff Executive Committee or the MCOB, the Code of Conduct, or policies, procedures, rules or regulations of the Medical Center or the applicable Clinical Department. Any person may provide information to a Department Chair, the Clinical Staff Executive Committee, the Chief Executive Officer, the Dean, the Senior Associate Dean for Clinical Affairs, the President, the President-elect, the MCOB or any member of the administration of the Medical Center about the conduct, performance, or competence of any Member or Non-Member who has been granted Clinical Privileges.

A request for initiation of investigation or action against such Member or Non-Member shall be made by written request from any other Member, including the President, or from the Chief Executive Officer. Upon receipt of a written request for investigation or action, the individual or entity that received such request shall immediately forward the matter to the Credentials Committee for investigation when the information provided indicates that such Member or Non-Member may have exhibited acts, demeanor, or conduct reasonably likely to be: (a) detrimental to patient safety or to the delivery of quality patient care; (b) unethical; (c) contrary to the Medical Center’s policies and procedures, these Bylaws, or the Code of Conduct; (d) disruptive to the operation of the Medical Center; (e) below applicable professional standards; or (f) the result of impairment of the Member or Non-Member by reason of illness, use of drugs, narcotics, alcohol, chemicals or other substances or as a result of any physical or mental condition that impairs the Member’s or Non-Member’s clinical practice. To the extent possible, the identity of the individual requesting initiation of investigation shall not be disclosed.

7.2 Alternatives to Corrective Action

Initial collegial efforts may be made prior to resorting to formal corrective action, when appropriate. Such collegial interventions on the part of Clinical Staff leaders in addressing the conduct or performance of an individual shall not constitute corrective action, shall not afford the individual subject to such efforts to the right to a fair hearing, and shall not require reporting to the NPDB, except as otherwise provided in these Bylaws or required by law. Alternatives to corrective action may include:
(a) Informal discussions or formal meetings regarding the concerns raised about conduct or performance, including the actions outlined in these Bylaws or Medical Center policies that may be taken to address disruptive conduct;

(b) Written letters of guidance, reprimand, or warning regarding the concerns about conduct or performance;

(c) Notification that future conduct or performance shall be closely monitored and notification of expectations for improvement;

(d) Suggestions or requirements that the individual seek continuing education, consultations, or other assistance in improving performance;

(e) Warnings regarding the potential consequences of failure to improve conduct or performance; and/or

(f) Requirements to seek assistance for impairment, as provided in these Bylaws.

7.3 Initiating Evaluation and/or Investigation of Possible Impairing Conditions

At any time, a Department Chair, the President, the Chief Executive Officer, the Dean, the Chair of the Credentials Committee, or the Director of the Physicians’ Wellness Program may require that a Member or Non-Member who has been granted Clinical Privileges undergo a physical and/or mental examination(s) by one or more qualified practitioners or programs specified by the individual requiring the evaluation. If the Member or Non-Member refuses to undergo the examination, his/her Clinical Privileges shall be automatically suspended and there shall be no further consideration of continued privileges until the examination is performed. The Member or Non-Member shall authorize the qualified practitioner(s), to submit reports of the evaluation(s), as appropriate, to the Chair of the Credentials Committee, the Department Chair, the President, the Chief Executive Officer, the Dean, the Director of the Physician’s Wellness Program and the person or entity requesting the examination(s). Any time limit for action by the Credentials Committee, as specified in Section 7.4 below, shall be extended for the number of days from the request for the examination(s) to the receipt of the examination report(s).

The MCOB and the Clinical Staff Executive Committee recognize the need to assist Members or Non-Members who have been granted Clinical Privileges regarding their physical and mental health issues as well as to protect patients from harm. Accordingly, upon the recommendation of the Department Chair, the President, the Dean or the Chief Executive Officer, or on its own initiative, the Credentials Committee shall investigate any Member or Non-Member who appears to suffer from a potentially impairing condition. Any such Member or Non-Member is encouraged to seek assistance from the Physicians’ Wellness Program and/or the Employee Assistance Program or any successor program thereto.

The Credentials Committee may also require periodic monitoring after completion of the initial treatment/rehabilitation. If the Member or Non-Member does not complete the initial
If a Member or Non-Member is unable to safely perform the Clinical Privileges he or she has been granted, the Credentials Committee shall proceed in accordance with Sections 7.4 or 7.5, as appropriate, below. Additionally, the Credentials Committee shall strictly adhere to any state or federal statutes or regulations containing mandatory reporting requirements.

7.4 Initiating Evaluation and Recommendation for Corrective Action

7.4.1 Investigation

Upon receipt of the request for initiation of corrective action, the Credentials Committee shall conduct a thorough investigation of the Member or Non-Member who has been granted Clinical Privileges in question. The Member or Non-Member shall be notified in writing that an investigation is being conducted. In addition the applicable Department Chair, the Dean, and the Chief Executive Officer shall be notified of the investigation. The Member or Non-Member shall provide to the Credentials Committee all available information that it requests. Failure to provide such requested information will itself be considered grounds for corrective action. The Credentials Committee may, but is not obligated to, review medical files or other documents and conduct interviews with witnesses; however, such investigation shall not constitute a “hearing” as that term is used in Article VIII, nor shall the procedural rules with respect to hearings or appeals apply. The Credentials Committee may, in its sole discretion, request an interview with the Member or Non-Member under investigation and, during such interview, question the Member or Non-Member about matters under investigation. A record of such interview shall be made by the Credentials Committee. Within thirty (30) days of the receipt of the request for initiation of investigation, the Credentials Committee shall submit the recorded interview along with the report of the Committee’s recommendations to the Clinical Staff Executive Committee and the Chair of the Department in which the Member being investigated practices.
7.4.2 **Recommendation**

The Credentials Committee’s written recommendation to the Clinical Staff Executive Committee of action to be taken on the matter may include, without limitation:

(a) determining that no further action is necessary on the matter;
(b) issuing a warning, a letter of admonition, or a letter of reprimand;
(c) recommending terms of probation or requirements of consultation;
(d) recommending reduction, suspension or revocation of Clinical Privileges in accordance with Sections 7.5 and 7.6 herein;
(e) recommending reduction of Clinical Staff category or limitation of any Staff prerogatives directly related to patient care;
(f) recommending suspension or revocation of Clinical Staff membership;
(g) recommending concurrent monitoring or retrospective auditing;
(h) requiring additional training;
(i) requiring evaluation by a physician assessment organization or individual; or
(j) requiring a proctor for all procedures.

Any corrective action in accordance with subsections (c) through (f) of this Section shall entitle the Member to the procedural rights provided in Article VIII of these Bylaws.

7.5 **Precautionary Summary Suspension**

(i) Whenever the conduct of a Member or a non-Member who has been granted Clinical Privileges reasonably appears to pose an imminent threat that requires that immediate action be taken to protect the health, life or well-being of patients or prospective patients, or any other person in or associated with the Medical Center, or (ii) whenever the conduct of a Member or a Non-Member who has been granted Clinical Privileges reasonably appears to pose a substantial likelihood of harm to the life, health and safety of any patient or prospective patient, or (iii) whenever the Member or Non-Member who has been granted Clinical Privileges refuses to follow these Bylaws, the Credentials Manual, the policies, procedures, rules and regulations of the Clinical Staff and/or the Medical Center, or (iv) whenever a Member or Non-Member has made a material misrepresentation on the application for Clinical Staff membership or Clinical Privileges, then in any such event the President, the Chair of the Credentials Committee, or the Chief Executive Officer may summarily restrict or suspend the Clinical Staff membership or Clinical Privileges of such Member of non-Member. Unless otherwise stated, such summary suspension shall become effective immediately upon imposition, and the person responsible shall
promptly give written notice of the suspension or restriction to the Member or non-Member in question, the MCOb and the Clinical Staff Executive Committee. The summary restriction or suspension may be limited in duration and shall remain in effect for the period stated or, if not so limited, shall remain in effect until resolved by the procedures specified in Article VIII with respect to Members only. Unless otherwise indicated by the terms of the summary restriction or suspension, the President or his/her designee shall assign the patients of the Member or Non-Member in question to another Member.

7.5.1 Procedure for Members

Within ten (10) working days of such suspension of a Member, a meeting of the Clinical Staff Executive Committee shall be convened to review and consider the action; provided, however, that the Clinical Staff Executive Committee may extend the period of review for good cause. Upon request, the Member may attend and make a statement concerning the issues under investigation, on such terms and conditions as the Clinical Staff Executive Committee may impose, although in no event shall any meeting of the Clinical Staff Executive Committee, with or without the Member, constitute a “hearing” within the meaning of Article VIII, nor shall any procedural rules apply except those adopted by the Clinical Staff Executive Committee. The Member’s failure without good cause to attend any Clinical Staff Executive Committee meeting upon request shall constitute a waiver of his or her rights under Article VIII. The Clinical Staff Executive Committee may modify, continue, or terminate the summary restriction or suspension, but in any event it shall furnish the Member with notice of its decision.

Unless the Clinical Staff Executive Committee terminates the summary restriction or suspension within ten (10) working days of such restriction or suspension, the Member shall be entitled to the procedural rights afforded by Article VIII of these Bylaws.

7.5.2 Procedure for Non-Members

A Non-Member whose Clinical Privileges are summarily suspended pursuant to Section 7.5 shall be notified in writing of the suspension and the grounds for the suspension. Within ten (10) working days of such suspension, the Non-Member may request a meeting with the Chair of the Credentials Committee in order to discuss the suspension. In any event, the Chair of the Credentials Committee shall refer the matter to the Credentials Committee at its next scheduled meeting. The Non-Member shall not be entitled to the procedural rights afforded by Article VIII of the Bylaws.

7.6 Automatic Suspension

In the following instances, the Member’s or Non-Member’s Clinical Privileges may be automatically suspended or limited, as specifically described by the President, the Chair of the Credentials Committee or the Chief Executive Officer. In addition, in each of the instances listed below, the Member’s Clinical Staff Membership shall be suspended or limited, as specifically described by the President, the Chair of the Credentials Committee or the Chief Executive Officer:
7.6.1 Change in Licensure

7.6.1.1 Revocation or Suspension

Whenever a Member’s or Non-Member’s license authorizing practice in the Commonwealth of Virginia is revoked or suspended by the applicable health regulatory board, Clinical Privileges shall be automatically revoked or suspended as of the date such action becomes effective.

7.6.1.2 Probation and Other Restriction

If a Member’s or Non-Member’s license authorizing practice in the Commonwealth of Virginia is placed on probation by the applicable health regulatory board, his or her Clinical Privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its duration.

Whenever a Member’s or Non-Member’s license authorizing practice in the Commonwealth of Virginia is limited or restricted by the applicable health regulatory board, any Clinical Privileges that the Member or Non-Member has been granted by the Medical Center that are within the scope of such limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such licensing or certifying authority’s action becomes effective and throughout its duration.

7.6.2 Change in DEA Certificate Status

7.6.2.1 Revocation or Suspension

If a Member’s or Non-Member’s DEA certificate is revoked, limited, or suspended, the Member or Non-Member shall automatically be divested of the right to prescribe medications covered by the certificate as of the date such action becomes effective and throughout its term.

7.6.2.2 Probation

If a Member’s or a Non-Member’s DEA certificate is subject to probation, the Member’s or Non-Member’s right to prescribe such medications automatically shall become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.

7.6.3 Lack of Required Professional Liability Insurance

Failure to maintain professional liability insurance in amounts and of a type required by the MCOB, as such amounts shall be defined from time to time, shall be a basis for automatic suspension of a Member’s or a Non-Member’s Clinical Privileges. If within
30 days after written warnings of such delinquency, the Member or Non-Member does not provide evidence of the required professional liability insurance, such individual’s Clinical Privileges shall be automatically terminated.

7.6.4  Federal Program Exclusion

If a Member of a Non-Member is convicted of a crime pursuant to the Medicare and Medicaid Protection Act of 1987, Pub. L. 100-93, or a crime related to the provision of health care items or services for which one may be excluded under 42 U.S.C. Section 1320a7(a), or is suspended, excluded, debarred or otherwise declared ineligible to participate in Medicare or Medicaid or other federal or state health care or other programs, such Member’s or Non-Member’s Clinical Privileges shall be automatically suspended as of the date such conviction or action with respect to the Medicare or Medicaid federal program becomes effective.

7.6.5  Loss of Faculty Appointment

If a Member’s faculty appointment in the School of Medicine is terminated for any reason or for any length of time, his/her membership and Clinical Privileges within the Medical Center shall be automatically revoked or suspended as of the date such loss of faculty appointment becomes effective. Loss of faculty appointment shall not give rise to a hearing under Article VIII as such appointment is a prerequisite to membership. Due process procedures applicable to contesting the loss of a faculty appointment are set forth in the University of Virginia Faculty Handbook.

7.6.6  Failure to Undergo Physical and/or Mental Examination

If a Member or Non-Member fails or refuses to undergo a physical and/or mental examination as required by Section 7.3 of these Bylaws, such failure or refusal shall result in automatic suspension of the Clinical Privileges of the Member or Non-Member.

7.6.7  Article VIII Inapplicable

When a Member’s or Non-Member’s privileges are restricted pursuant to any of the circumstances set out in this Section 7.6, the hearing and appeal rights of Article VIII shall not apply and the action shall be effective for the time specified. If the Member believes that any such automatic restriction of privileges is the result of an error, the Member may request a meeting with the Clinical Staff Executive Committee. A Non-Member shall have no right to a meeting with the Clinical Staff Executive Committee.
ARTICLE VIII
HEARING AND APPELLATE REVIEW FOR MEMBERS

8.1 General Provisions

8.1.1 Right to Hearing and Appellate Review

(a) When any Member receives notice of a recommendation of the Credentials Committee that, if approved by the Clinical Staff Executive Committee and the MCOB, will adversely affect his or her appointment to or status as a Member or his or her exercise of Clinical Privileges, he or she shall be entitled to a hearing before a hearing committee appointed by the Clinical Staff Executive Committee. If the recommendation of the Clinical Staff Executive Committee following such hearing is still adverse to the affected Member, he or she shall then be entitled to an appellate review by the MCOB or a committee appointed by the Chair of the MCOB, before the MCOB makes a final decision on the matter. Such review shall be made based on the evidentiary record, unless the MCOB or the committee appointed by the MCOB to hear the appeal requests additional information.

(b) All hearings and appellate reviews shall be in accordance with the procedural safeguards set forth in Article VIII to assure that the affected Member is accorded all rights to which he or she is entitled.

8.1.2 Exhaustion of Remedies

If Adverse Action described in Section 8.2 is taken or recommended, the Applicant or Member must exhaust the remedies afforded by these Bylaws before resorting to legal action. For purposes of Article VIII, the term “Member” may include “Applicant”, as appropriate under the circumstances.

8.2 Grounds For Hearing

Except as otherwise specified in these Bylaws, the following recommended actions or actions shall be deemed Adverse Actions and constitute grounds for a hearing, if such action is based on professional conduct, professional competence, or character:

(a) denial of Clinical Staff Membership;

(b) denial of Clinical Staff reappointment (excluding failure to obtain active status following provisional status);

(c) suspension of Clinical Staff Membership;

(d) revocation of Clinical Staff Membership;

(e) denial of requested Clinical Privileges (excluding Temporary Privileges) for a Member;
involuntary reduction of current Clinical Privileges (excluding Temporary Privileges) for a Member; 

(g) suspension of Clinical Privileges (excluding Temporary Privileges) for a Member; or 

(h) termination of all Clinical Privileges (excluding Temporary Privileges and excluding loss of faculty appointment) for a Member.

However, actions described above in this Section that are the result of automatic suspension imposed pursuant to Section 7.6 of these Bylaws, shall not be considered an Adverse Action for purposes of Article VIII.

8.3 Requests For Hearing; Waiver

8.3.1 Notice of Proposed Action

In all cases in which a recommendation has been made as set forth in Section 8.2, the Chair or Vice Chair of the Credentials Committee shall send a Member affected by an Adverse Action written notice of (a) his or her right to a hearing if requested by him or her within thirty (30) days of the notice, (b) clear and concise reasons for the Adverse Action recommended, including the acts or omissions with which the Member is charged and a list of the medical charts in question, if applicable, and (c) his or her rights at such a hearing, including the hearing procedures described in Section 8.4. Such notice shall be sent by personal delivery or certified mail, return receipt requested.

8.3.2 Request for Hearing

The Member shall have thirty (30) days following receipt of notice of such action to request a hearing. The request shall be in writing addressed to the Chair of the Credentials Committee who shall transmit a copy to the Clinical Staff Executive Committee and to the MCOB. The request shall contain a statement signed by the Member that the Member shall maintain confidentiality of all documents provided to the Member during the hearing process and shall not disclose or use the documents for any purpose outside the hearing process. Unless the Member is under summary suspension, he or she shall retain existing rights and privileges until all steps provided for in Sections 8.4 through 8.4.8 of Article VIII of these Bylaws below have concluded. If, however, the Member’s reappointment term is scheduled to expire during the hearing process, the Member’s membership and privileges shall expire unless (i) the Clinical Staff Executive Committee extends the reappointment until the hearing is concluded, or (ii) the Member is reappointed according to final action by the MCOB.

8.3.3 Waiver of Hearing

In the event the Member does not request a hearing within the time and manner described, the Member shall be deemed to have waived any right to a hearing and
accepted the recommendation involved. The recommendation of the Credentials Committee shall then become final and effective as to the Member when it is approved by the Clinical Staff Executive Committee and the MCOB.

8.3.4 Notice of Time, Place and Procedures for Hearing

Upon receipt of a request for hearing, the Chair of the Clinical Staff Executive Committee shall schedule a hearing and give notice to the Member of the time, place and date of the hearing, which shall not be less than thirty (30) days after the date of the notice. Each party shall provide the other with a list of witnesses within fifteen (15) days of the hearing date, unless both parties agree otherwise. Witness lists shall be finalized no later than five (5) working days before the hearing. Notwithstanding the foregoing, the Hearing Entity shall have the right to call such witnesses as it deems appropriate and necessary. Unless extended by the Chair of the Hearing Entity, described in Section 8.3.5 below, the date of the commencement of the hearing shall be not less than thirty (30) days, nor more than ninety (90) days from the date of receipt of the request for a hearing; provided, however, that when the request is received from a Member who is under summary suspension, the hearing shall be held as soon as the arrangements may reasonably be made and provided further that the parties may agree to a mutually convenient date beyond the ninety (90) day period.

8.3.5 Hearing Entity

The Chair of the Clinical Staff Executive Committee may, in his or her discretion and in consultation with the Chair of the Credentials Committee, the Chief Executive Officer and other members of CSEC as he or she deems appropriate, direct that the hearing be held: (1) before a panel of no fewer than three (3) Members who are appointed by the Chair of the Clinical Staff Executive Committee and if possible are Peers of the Member in clinical practice or academic rank and are not in direct economic competition with the Member involved, or (2) by an independent Peer Review panel from outside the Medical Center whose members are not in direct economic competition with the Member involved, or (3) a panel consisting of a combination of (1) and (2). Each type of panel described in the preceding sentence shall be referred to hereinafter as the “Hearing Entity.” Knowledge of the matter involved shall not preclude a Clinical Staff Member from serving as a member of the Hearing Entity; however each member must certify at the time of appointment and also on the record at the hearing that any prior knowledge he or she may have does not preclude rendering a fair and impartial decision. The Chair of the Clinical Staff Executive Committee shall designate the chair of the Hearing Entity. At least three-quarters of the members of the Hearing Entity shall be present when the hearing takes place and no member may vote by proxy. In the event of any conflict involving the Chair of the Clinical Staff Executive Committee, the Vice Chair of CSEC shall be responsible for performing the duties described in this paragraph.
8.3.6 Failure to Attend and Proceed

Failure without good cause of the affected Member to personally attend and proceed at such a hearing shall be deemed to constitute voluntary acceptance of the recommendations involved and his or her request for a hearing shall be deemed to have been withdrawn.

8.3.7 Postponements and Extensions

Once a request for hearing is initiated, postponements and extensions of time beyond the times permitted in these Bylaws may be permitted by the Hearing Entity, or its chairperson, acting upon its behalf. Such decisions are solely within the discretion of the Hearing Entity or its presiding officer and may only be granted for good cause.

8.4 Hearing Procedure

8.4.1 Representation

The hearings provided for in these Bylaws are for the purpose of intra-professional resolution of matters bearing on professional conduct, professional competency or character. If requested by either the affected Member or the Credentials Committee in accordance with Section 8.4.2, however, both sides may be represented by legal counsel. In lieu of legal counsel, the Member may be represented by another person of the Member’s choice.

8.4.2 The Hearing Officer

The President may appoint a hearing officer to preside at the hearing. In the sole discretion of the President, the hearing officer may be an attorney qualified to preside over a quasi-judicial hearing. If requested by the Hearing Entity, the hearing officer may participate in the deliberations of the Hearing Entity and be an advisor to it, but the hearing officer shall not be entitled to vote.

8.4.3 The Presiding Officer

The Hearing Entity shall have a presiding officer. If the President appoints a hearing officer pursuant to Section 8.4.2, then the hearing officer shall serve as the presiding officer. If no hearing officer is appointed, then the Chair of the Hearing Entity shall serve as the presiding officer. The presiding officer shall strive to assure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and documentary evidence in an efficient and expeditious manner, and that proper decorum is maintained. The presiding officer shall be entitled to determine the order of or procedure for presenting evidence and argument during the hearing and shall have the authority and discretion to make all rulings on questions that pertain to matters of law, procedure, or the admissibility of evidence. If the presiding officer determines that either side in a
hearing is not proceeding in an efficient and expeditious manner, the presiding officer may take such discretionary action as seems warranted by the circumstances.

8.4.4 Record of the Hearing

An official reporter shall be present to make a record of the hearing proceedings. The cost of attendance of the reporter shall be borne by the Medical Center, but the cost of the transcript, if any, shall be borne by the party requesting it.

8.4.5 Rights of the Parties

Within reasonable limitations imposed by the presiding officer, the Credentials Committee, the Hearing Entity and the affected Member may call and examine witnesses for relevant testimony, introduce relevant exhibits or other documents, cross-examine or impeach witnesses who have testified orally on any matter relevant to the issues and otherwise rebut evidence. The Member may be called by the Credentials Committee or the Hearing Entity, as appropriate, and be examined as if under cross-examination.

(a) Burden of Proof. The Credentials Committee shall appoint one of its members to represent it at the hearing, to present facts in support of its adverse recommendation and to examine witnesses. Where the issue concerns the denial of initial Clinical Staff membership, it shall be the obligation of the affected practitioner to present appropriate evidence in support of his or her application, but the Credentials Committee representative shall then be responsible for showing that evidence exists to support the decision and that the Credentials Committee appropriately exercised its authority under these Bylaws and other applicable rules or regulations of the Medical Center. In all other situations outlined in Section 8.2 above, it shall be the obligation of the Credentials Committee representative to present appropriate evidence in support of the adverse recommendation, but the affected Member shall then be responsible for supporting his or her challenge to the adverse recommendation by providing appropriate evidence showing that the grounds for the decision lacked support in fact or that such grounds or action based upon such grounds is either arbitrary or capricious.

(b) Written Statement. Each party shall have the right to submit a written statement at the close of the hearing.

(c) Written Decision. Upon completion of the hearing, the affected Member shall be informed in writing by the Clinical Staff Executive Committee of the recommendation of the Hearing Entity, including a statement of the basis for the recommendation, and shall be informed in writing of the decisions of the Clinical Staff Executive Committee and the MCOB, including a statement of the basis for the decision.
8.4.6 Evidence

Judicial rules of evidence and procedure relating to the conduct of the hearing, examination of witnesses, and presentation of evidence shall not apply to a hearing conducted under Article VIII of these Bylaws. Any relevant evidence, including hearsay, shall be admitted if it is the sort of evidence on which responsible persons are accustomed to rely in the conduct of serious affairs, regardless of the admissibility of such evidence in a court of law. The Hearing Entity may question the witnesses or call additional witnesses if it deems such action appropriate. At its discretion, the Hearing Entity may request both parties to file written arguments.

8.4.7 Recess and Conclusion

After consultation with the Hearing Entity, the presiding officer may recess the hearing and reconvene the same at such times and intervals as may be reasonable, with due consideration for reaching an expeditious conclusion to the hearing. Upon conclusion of the presentation of oral and documentary evidence and the receipt of any closing written arguments, the hearing shall be closed. The Hearing Entity shall, at a time convenient to itself, conduct its deliberations outside the presence of the parties. The Hearing Entity may seek legal counsel during its deliberations and the preparation of its report. Upon conclusion of its deliberations, the hearing shall be declared finally adjourned.

8.4.8 Decision of the Hearing Entity

Within fifteen (15) days after final adjournment of the hearing, the Hearing Entity shall render a decision, which shall be accompanied by a report in writing and shall be delivered to the Clinical Staff Executive Committee. If the affected Member is currently under summary suspension, the Hearing Entity shall render a decision and report to the Clinical Staff Executive Committee within five (5) working days after final adjournment. A copy of the decision shall also be forwarded to the MCOB and the affected Member. The report shall contain a concise statement of the reasons supporting the decision.

8.4.9 Decision of Clinical Staff Executive Committee and MCOB

At its next regularly scheduled meeting, the Clinical Staff Executive Committee shall review the report and decision of the Hearing Entity and shall, within thirty (30) days of such meeting, give notice of its recommendation to the MCOB and the Member. The Clinical Staff Executive Committee may affirm, modify or reverse the decision of the Hearing Entity.

8.4.10 Appeal

The Member may submit to the Chief Executive Officer a written appeal statement detailing the findings of fact, conclusions, and procedural matters with which he/she disagrees, and his/her reasons for such disagreement. This written appeal statement may cover any matters raised at any step in the hearing process, and legal counsel may assist
in its preparation. The statement shall be delivered by hand or by certified or registered mail to the Chief Executive Officer and received no later than fourteen (14) days after the Member’s receipt of the recommendation of the Clinical Staff Executive Committee. The Chief Executive Officer shall promptly provide a copy of the Member’s statement to the MCOB. In response to the statement submitted by the affected Member, the Clinical Staff Executive Committee may also submit a written statement to the MCOB and shall provide a copy of any such written statement to the Member.

8.4.11 Decision by the Operating Board

(a) At a regularly scheduled meeting following receipt of the Member’s written appeal statement (or the expiration of the time in which the Member had the opportunity to submit a written statement) and the Clinical Staff Executive Committee’s written statement, the MCOB shall render a decision in writing and shall forward copies thereof to each party involved in the hearing. The decision of the MCOB shall include a statement of the basis for its decision.

(b) The MCOB may affirm, modify, or reverse the decision of the Clinical Staff Executive Committee, or remand the matter to the Hearing Entity or the Clinical Staff Executive Committee for reconsideration. If the matter is remanded to the Hearing Entity for further review and recommendation, such Hearing Entity shall conduct its review within fifteen (15) working days and make its recommendations to the MCOB. This further review and the time required to report back shall not exceed sixty (60) days except as the parties may otherwise agree, for good cause, as jointly determined by the Chair of the MCOB and the Hearing Entity or Clinical Staff Executive Committee. The MCOB shall thereafter make its final decision.

(c) The decision of the MCOB as reflected in paragraphs (a) or (b) above shall constitute final action. This decision shall be immediately effective and shall not be subject to further hearing, appellate or judicial review.

8.4.12 Right to One Hearing and One Appeal

No Member shall be entitled to more than one evidentiary hearing and one appeal on any matter that shall have been the subject of Adverse Action or recommendation.
ARTICLE IX
OFFICERS OF THE CLINICAL STAFF

9.1 Identification of Officers

The Officers of the Clinical staff shall be:

(a) President

(b) President-elect

9.2 Qualifications of Officers

Officers must be Members of the Active Clinical Staff in good standing at the time of their election and must remain Members of the Active Clinical Staff in good standing during their term of office. Failure to maintain such status shall immediately create a vacancy in the office involved.

9.3 Nominations

All nominations for Officers shall be made by the Nominating Committee (which is described in Article XII of these Bylaws) with the concurrence of the Chief Executive Officer and the Dean. Any Active Clinical Staff or Ph.D. Clinical Pathologist Staff may submit the name or names of any Member(s) of the Active Clinical Staff to the Nominating Committee for consideration as an Officer candidate. The Nominating Committee shall nominate one or more candidates for each office at least thirty (30) days prior to the election.

The Nominating Committee shall report its nominations for Officers to the Clinical Staff Executive Committee, with the approval of the Chief Executive Officer and the Dean, prior to the election and shall mail or deliver the nominations to the Clinical Staff at least ten (10) days prior to the election. Nominations for Officers shall not be accepted from the floor at the time of the election if voting occurs at a meeting.

9.4 Elections

The Officers shall be elected by electronic ballot. Only members of the Active Clinical Staff and Ph.D. Clinical Pathologist Staff shall be eligible to vote. The nominee receiving the most votes shall be elected. In the case of a tie, a majority vote of the Clinical Staff Executive Committee shall decide the election by secret written ballot at its next meeting or a special meeting called for that purpose.

9.5 Terms of Office

The Officers shall take office on the first day of July following election to office. The Officers shall serve for terms of three (3) years, unless any one of them shall resign sooner or be removed
from office. The Officers each shall be eligible for re-election for one additional three (3) year term.

9.6 Vacancies in Office

If there is a vacancy in the office of the President, the President-elect shall serve during the vacancy. If there is a vacancy in the office of the President-elect, the Clinical Staff Executive Committee shall appoint an Active Member of the Clinical Staff to serve as President-elect until a special election to fill the position shall occur at a special meeting of the Clinical Staff, called for such purpose, or at a regular Clinical Staff meeting. The replacement Officer shall serve out the term of the original Officer.

9.7 Removing Elected Officers

Elected Officers may be removed by a two-thirds (2/3) vote of the Members of the Active and Ph.D. Clinical Pathologist Staff, or by a majority vote of the MCOB. Permissible bases for removal of an elected Officer of the Clinical Staff include, but are not limited to:

(a) failure to perform the duties of the position in a timely and appropriate manner;
(b) failure to satisfy continuously the qualifications for the position;
(c) having an automatic or summary suspension, or corrective action imposed that adversely affects the Officer's membership or privileges;
(d) failure to follow the Clinical Staff Bylaws, Credentials Manual, the Code of Conduct, the Compliance Code of Conduct, the Code of Ethics or Medical Center policies, procedures, rules, or regulations; or
(e) conduct or statements inimical or damaging to the best interests of the Clinical Staff or the Medical Center, including but not limited to violations of state or federal law or Medical Center policy related to conflict of interest or relationships with vendors.

9.8 Duties of Officers

9.8.1 Duties of the President

The President shall be the spokesperson for the Clinical Staff and shall:

(a) act in coordination and cooperation with the Chief Executive Officer and Medical Center senior leadership in all matters of mutual concern within the Medical Center;
(b) call, preside at, and be responsible for the agenda of all general meetings of the Clinical Staff;

(c) subject to the desire by the MCOB, serve on the MCOB as a nonvoting advisory member;

(d) serve as the Chair of the Clinical Staff Executive Committee and as ex-officio member of all other Clinical Staff committees;

(e) represent the views, policies, needs and grievances of the Clinical Staff to the MCOB, the Clinical Staff Executive Committee, and senior administration of the Medical Center, including the presentation to the MCOB of a report of the Clinical Staff at every meeting of the MCOB or as otherwise requested by the MCOB;

(f) provide oversight of Clinical Staff affairs, including the Clinical Staff application process, committee performance, compliance with Joint Commission on Accreditation of Healthcare Organizations and licensure requirements as they pertain to clinical practice and physician and patient concerns regarding clinical services;

(g) jointly with the Chief Executive Officer, appoint individuals to committees of the Clinical Staff, unless otherwise provided in these Bylaws; and

(h) perform such other functions as may be assigned to him or her by these Bylaws, the Clinical Staff Executive Committee or the MCOB.

9.8.2 Duties of the President-elect

The President-elect shall serve as the Chair of the Credentials Committee and the Vice-Chair of the Clinical Staff Executive Committee. In the absence of the President, the President-elect shall assume all the duties and have the authority of the President. The President-elect shall perform such other duties as the President may assign or as may be delegated by these Bylaws, the Clinical Staff Executive Committee or the MCOB.
ARTICLE X
CLINICAL STAFF EXECUTIVE COMMITTEE

10.1 Duties of the Clinical Staff Executive Committee

Subject to the overall authority of the MCOB, the Clinical Staff Executive Committee shall be the executive committee of the Clinical Staff with the following duties:

(a) monitor, oversee and, where appropriate, manage the quality of clinical care delivered within the Medical Center;

(b) communicate to Members and Non-Members of the Clinical Staff regarding clinical practice issues and present the interests of the Clinical Staff to the MCOB;

(c) act for and on behalf of the Clinical Staff in the intervals between Clinical Staff meetings and independently with respect to those matters over which CSEC is given authority in these Bylaws;

(d) establish, review, and enforce the policies applicable to the Clinical Staff, including the Bylaws, the Code of Conduct, the Code of Ethics and all other Medical Center clinical policies regarding patient care;

(e) control and monitor the membership of the Clinical Staff through oversight of the appointment, credentialing, and privileging process;

(f) coordinate the activities and general clinical policies of the Medical Center to support an institutional and integrated approach to patient care within the Medical Center;

(g) oversee the functions of performance improvement of the professional services provided by the Clinical Staff within the Medical Center;

(h) advise the Medical Center management regarding the allocation and distribution of clinical resources, including assignments of beds, clinics, operating rooms, and other elements that are important to efficient and effective medical care within the Medical Center;

(i) provide Clinical Staff representation and participation in any Medical Center deliberation affecting the discharge of Clinical Staff responsibilities;

(j) report to the MCOB, as required, on the activities of the Clinical Staff Executive Committee and the Clinical Staff and makes specific recommendations to the MCOB relating to the clinical efforts of the Medical Center;

(k) approve the creation of and oversee committees of the Clinical Staff as necessary for compliance with accreditation standards, regulatory requirements and governance of the Clinical Staff;
(l) receive and act on reports and recommendations from the Clinical Staff committees and
Departments; and

(m) perform such other duties as may be assigned to it by the MCOB.

10.2 Membership of the Clinical Staff Executive Committee

The membership of the Clinical Staff Executive Committee shall consist of the following
individuals, all of whom shall be voting members:

- President of the Clinical Staff
- President-elect of the Clinical Staff
- Chief Executive Officer of the Medical Center
- Chief Clinical Officer of the Medical Center
- Dean of the School of Medicine
- Senior Associate Dean for Clinical Affairs
- Designated Institutional Officer for Graduate Medical Education
- Chairs of the clinical Departments of the Medical Center
- Chair, Children’s Hospital Clinical Practice Committee
- Four (4) Clinical Staff Representatives selected by the entire Clinical Staff as provided in
Section 10.3.
- President of the Nursing Staff.

In addition, the President(s) of the Graduate Medical Trainees’ Executive Council shall serve on
the Clinical Staff Executive Committee as a non-voting, ex-officio member(s).

In the event that any of the positions listed above are renamed, then the newly named position
shall be substituted automatically in lieu of the old position without the necessity for an
amendment of these Bylaws.

10.3 Selection of the Clinical Staff Representatives

There shall be one Member representative on the Clinical Staff Executive Committee from each
of the four following areas (the “Clinical Staff Representatives”):

- Primary Care (drawn from General Internal Medicine, General Pediatrics, General
Obstetrics, Family Medicine, Regional Primary Care, and Community Medicine)
- Medical Specialties (drawn from Internal Medicine, Pediatrics, Neurology, Psychiatry, and
PM&R)
- Surgical Specialties (drawn from Surgery, Orthopaedic Surgery, Neurological Surgery,
Urology, Ophthalmology, Otolaryngology, Plastic Surgery, Dentistry, Dermatology, and
Obstetrics and Gynecology)
- Hospital-Based Specialties (drawn from Anesthesiology, Pathology, Radiology, Radiation
Oncology, and Emergency Medicine)
All Clinical Staff Representatives shall be Active Members of the Clinical Staff in good standing, but may not be Chairs of the clinical Departments of the Medical Center. The Nominating Committee may specify requirements necessary to complete nominations for Clinical Staff Representatives. The Nominating Committee shall solicit nominations for the Clinical Staff Representatives from the Clinical Staff as necessary from time to time. The Nominating Committee shall nominate one or more candidates for each Clinical Staff Representatives for which the term is ending, and the Clinical Staff Office shall mail or deliver the nominations to the Clinical Staff at least ten (10) days prior to the election. At a meeting called for such purpose or by electronic means, each Member shall vote for one nominee from each of the areas enumerated above, for a total of four (4) votes. The nominee receiving the most votes in each of the four (4) enumerated areas shall become the Clinical Staff Representatives of the Clinical Staff Executive Committee.

Each Clinical Staff Representative shall serve for a term of three (3) years and shall serve until the earlier to occur of (a) the end of such period and until his or her successor is appointed, or (b) the resignation or removal of such Clinical Staff Representative. A Clinical Staff Representative may be removed upon a two-thirds (⅔) vote of the Clinical Staff or upon a majority vote of the MCOB. No Clinical Staff Representative shall serve on the Clinical Staff Executive Committee in the capacity of Clinical Staff Representative for more than two (2) consecutive terms.

10.4 Meetings of the Clinical Staff Executive Committee

The Clinical Staff Executive Committee shall meet monthly at a time and place as designated by the Chair of the Clinical Staff Executive Committee, and the expectation is the each member of the Clinical Staff Executive Committee will attend these monthly meetings. Fifty-one percent (51%) of the membership of the Clinical Staff Executive Committee shall constitute a quorum. Attendance at the Clinical Staff Executive Committee meetings is not assignable for voting purposes. A substitute may attend a meeting for purposes of information sharing but may not vote by proxy and will not count in the quorum.

10.5 Duties of the Chair of the Clinical Staff Executive Committee

(a) The President shall serve as the Chair of the Clinical Staff Executive Committee. The duties of the Chair are to:

(b) set the agenda for meetings of the Clinical Staff Executive Committee;

(c) preside at the meetings of the Clinical Staff Executive Committee;

(d) jointly with the Chief Executive Officer, coordinate and appoint committee members to all standing, special and multi-disciplinary committees of the Clinical Staff Executive Committee;

(e) report as appropriate to the Clinical Staff on the activities of the Clinical Staff Executive Committee;
in conjunction with the Chief Executive Officer, appoint individuals to serve on the Clinical Staff Committees described in Article XII or otherwise created by the Clinical Staff Executive Committee; and

report to the MCOB, as required, on the activities of the Clinical Staff Executive Committee and the Clinical Staff.

10.6 Duties of the Vice Chair of the Clinical Staff Executive Committee

The President-elect shall serve as the Vice Chair of the Clinical Staff Executive Committee. The duties of the Vice Chair are to:

(a) preside at the meetings of the Clinical Staff Executive Committee in the absence of the Chair;

(b) present a monthly Credentials Committee report to the Clinical Staff Executive Committee;

(c) assume all the duties and have the authority of the Chair in the event of the Chair’s temporary inability to perform his/her duties due to illness, absence from the community or unavailability for any other reason;

(d) assume all the duties and have the authority of the Chair in the event of his/her resignation as until such time as a successor is designated; and

(e) perform such other duties as may be assigned by the Chair.

10.7 Duties of the Secretary of the Clinical Staff Executive Committee

The Chair of the Clinical Staff Executive Committee shall appoint a Secretary of the Clinical Staff Executive Committee. The Secretary is not required to be a Member. The duties of the Secretary are to:

(a) keep accurate and complete minutes of the meetings of the Clinical Staff Executive Committee;

(b) maintain a roster of the members of the Clinical Staff Executive Committee;

(c) send notices of meetings to the members of the Clinical Staff Executive Committee;

(d) attend to all correspondence of the Clinical Staff Executive Committee; and

(e) perform such other duties as ordinarily pertain to the office of secretary.
ARTICLE XI
CLINICAL DEPARTMENTS

11.1 Organization of Clinical Departments

(a) The Medical Center and the School of Medicine are components of an academic Medical Center at the University of Virginia. The Members of the Clinical Staff of the Medical Center have faculty appointments in the School of Medicine, and all Clinical Staff are required to have faculty appointments in the School of Medicine as a condition of appointment to the Clinical Staff. Exceptions to this requirement will be considered only when practitioners are requesting Temporary Privileges under emergency circumstances to meet patient care needs as provided in the Bylaws, for Honorary Members, or such other exceptional circumstances as may be approved by the Chief Executive Officer, the President or the Chair of the Credentials Committee.

(b) The Clinical Staff is divided into clinical Departments, and some Departments are further subdivided into clinical Divisions. Each Department is organized as a separate component of the Clinical Staff and shall have a Chair selected and entrusted by the Dean, with the authority, duties and responsibilities specified in Section 11.6. A Division of a Department is directly responsible to the Department within which it functions, and each Division has a Division Chief selected and entrusted with the authority, duties and responsibilities specified in Section 11.10.

(c) Departmental status, including the creation, elimination, modification or combination thereof, shall be designated by the Dean. Division status shall be designated upon recommendation of the Chair or Chairs of the applicable Department(s) and approved by the Dean.

11.2 Current Departments

11.2.1 Departments

The current clinical Departments are:

(a) Anesthesiology
(b) Dentistry
(c) Dermatology
(d) Emergency Medicine
(e) Family Medicine
(f) Medicine
(g) Neurological Surgery
(h) Neurology
(i) Obstetrics and Gynecology
(j) Ophthalmology
(k) Orthopaedic Surgery
(l) Otolaryngology – Head and Neck Surgery
11.2.2 Other Clinical Enterprises

For purposes of these Bylaws, Community Medicine and Regional Primary Care shall be treated as “Departments.” The Senior Associate Dean for Clinical Affairs shall be considered the “Chair” of Community Medicine, and the Medical Director of Regional Primary Care shall be considered the “Chair” of Regional Primary Care. The MCOB may designate other clinical enterprises within the Medical Center from time to time that shall be considered Departments for purposes of these Bylaws. In such event, the MCOB shall designate the person to serve as “Chair.”

11.3 Assignments

Each Member shall be assigned to at least one Department, and if applicable, to a Division within such Department. Members may be granted membership and/or Clinical Privileges in more than one Department or Division consistent with practice privileges granted. For Members with joint appointments, the Chairs from each Department shall sign off on the faculty appointment and recommendation of Clinical Privileges.

11.4 Functions of Departments and Divisions

The general functions of each Department and Division, as applicable, include:

(a) conducting patient care reviews for the purpose of analyzing and evaluating the quality and appropriateness of care and treatment provided to patients within the Department and Division. The number of such reviews to be conducted during the year shall be as determined by the Clinical Staff Executive Committee in consultation with other appropriate committees. The Department, and as applicable, the Division, shall routinely collect information about important aspects of patient care provided in the Department or Division, periodically assess this information, and develop objective criteria for use in evaluating patient care. Patient care reviews shall include all clinical work performed under the jurisdiction of the Department or Division, regardless of whether the Member whose work is subject to such review is a member of that Department or Division;

(b) recommending to the Credentials Committee criteria for the granting of Clinical Privileges (both core privileges and privileges outside the core as well as new or
additional Clinical Privileges) and the performance of specified services within the Department or Division;

(c) evaluating and making appropriate recommendations regarding the qualifications of Applicants seeking appointment or reappointment to the Clinical Staff and Clinical Privileges within that Department or Division;

(d) reviewing and evaluating departmental adherence to Clinical Staff and Medical Center policies and procedures and sound principles of clinical practice;

(e) coordinating and integrating patient care provided by the Department’s or Division’s members with patient care provided in other Departments or Divisions and with nursing and ancillary patient care services;

(f) submitting written reports to the Clinical Staff Executive Committee concerning: (i) the Department’s and/or Division’s review and evaluation of activities, actions taken thereon, and the results of such actions; and (ii) recommendations for maintaining and improving the quality of care provided in the Department and/or Division and the Medical Center;

(g) having at least quarterly meetings for the purpose of considering patient care review findings and the results of the Department’s other review and evaluation activities, as well as reports on other Department and Clinical Staff functions;

(h) taking appropriate action when important problems in patient care and clinical performance or opportunities to improve care are identified;

(i) accounting to the Clinical Staff Executive Committee for all professional activities within the Department;

(j) appointing such committees or other mechanisms as may be necessary or appropriate to conduct Department functions;

(k) formulating recommendations for Departmental or Division rules and regulations reasonably necessary for the proper discharge of its responsibilities, subject to compliance with Medical Center policies; and

(l) encouraging the continuing education of Members of the Clinical Staff in the Department.

11.5 Department Chairs

(a) Each Department other than Community Medicine and Regional Primary Care shall have a Chair who is a Member of the Active Clinical Staff and is appointed by the Dean of the School of Medicine. Department Chairs shall be certified as diplomats of their specialty board or be equivalently qualified. Each Chair shall report to the Dean and shall be
accountable to the Clinical Staff Executive Committee for all clinical matters in his or her Department.

(b) For purposes of these Bylaws, the Chair for Community Medicine shall be the Senior Associate Dean for Clinical Affairs, and the Chair for Regional Primary Care shall be its Medical Director. The Senior Associate Dean for Clinical Affairs and the Regional Primary Care Medical Director shall have the same responsibilities as to Department Chairs set forth in these Bylaws, the Rules and Regulations or the Credentials Manual with respect to Community Medicine and Regional Primary Care.

11.6 Duties of Department Chairs

Each Chair has the following authority, duties, and responsibilities and shall otherwise perform such duties as may be assigned to him or her:

(a) act as presiding officer at Departmental meetings, which shall be held at least quarterly for the purpose of quality monitoring and reporting and such other purposes as may be required by the Department;

(b) attend monthly meetings of the Clinical Staff Executive Committee and other special meetings of the Clinical Staff Executive Committee as may be called from time to time;

(c) report to the Dean and be accountable to the Clinical Staff Executive Committee regarding all professional and administrative activities within the Department;

(d) make recommendations regarding the overall clinical policies of the Clinical Staff and the Medical Center;

(e) make specific recommendations regarding criteria-based privileges and suggestions regarding physician faculty within his or her Department and Divisions therein;

(f) assure compliance within his or her Department and any Divisions therein with these Bylaws, the Credentials Manual and Medical Center policies, procedure, rules and regulations, including but not limited to, implementing a process for effectively communicating to Members of his or her Department and Divisions therein any amendment or revision of these Bylaws, the Credentials Manual, the Code of Conduct, the Compliance Code of Conduct, the Code of Ethics and any new or revised Medical Center policy, procedure, rule or regulation;

(g) sign off and transmit to the Credentials Committee the Department’s recommendations concerning and required documentation in support of Member appointment and classification, reappointment, criteria for Clinical Privileges, results of any investigation or corrective action with respect to Members with Clinical Privileges in his or her Department. Chairs may delegate this responsibility to a senior level designee within the Department subject to prior written notification to and approval by the Chair of the Credentials Committee. Chairs shall ensure that files on each of their faculty with
Clinical Privileges that include documentation of FPPE and OPPE data and other activities are securely maintained and support the specifically delineated Clinical Privileges requested;

(h) implement within his or her Department appropriate actions taken by the Clinical Staff Executive Committee or the MCOB;

(i) generally monitor the quality of patient care and professional performance rendered by Members with Clinical Privileges in the Department through a planned and systematic process, including but not limited to, FPPE and OPPE, and oversee the effective conduct of the patient care, evaluation, and monitoring functions delegated to the Department by the Clinical Staff Executive Committee, the Dean or the President, including evaluating the quality of clinical work performed by each practitioner in the Department at least annually;

(j) develop, support and implement Departmental programs for retrospective patient care review, ongoing monitoring of clinical and ethical practice, credentials review and privileges delineation, medical education, utilization review, and quality assurance and performance improvement, all as part of the Peer Review process;

(k) abide by the supervisory requirements when temporary privileges have been granted to a Member in his or her Department or Division;

(l) participate in every phase of administration of his or her Department, including cooperation with the nursing service and the Medical Center administration in matters such as personnel, supplies, and special regulations, standing orders, and techniques;

(m) prepare and submit reports pertaining to his or her Department as may be required by the Credentials Committee, the Clinical Staff Executive Committee or the MCOB;

(n) be responsible for the teaching, education and research programs in his or her Department;

(o) ensure that Members and Graduate Medical Trainees within his or her Department and the Divisions therein practice within the scope of their Clinical Privileges, are educated to deliver patient-centered and family-centered care as members of interdisciplinary teams, emphasizing professional and ethical conduct, evidence-based practice, quality improvement approaches and informatics;

(p) facilitate Graduate Medical Trainees’ education and training to achieve those competencies identified as necessary by the ACGME or other applicable entity;

(q) keep appropriate records of all Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists and Ph.D. Clinical Pathologist practicing within his or her Department; and
(r) perform such other duties commensurate with the office as may from time to time be reasonably requested by the Dean, the President, the Clinical Staff Executive Committee or the MCOB.

11.7 Committees of the Departments

The affairs of each Department may be delegated to a designee or to a committee of Department members appointed by the Chair of the Department.

11.8 Division Chiefs

Each Division shall have a Chief who shall be a Member of the Active Clinical Staff in good standing and a member of the Division which he or she is to head, and shall be qualified by training, experience and demonstrated current ability in the clinical area covered by the Division. The Chair of the Department in which the Division functions shall select and remove the Division Chief, and the Division Chief either reports to the Chair of the Department or directly to the Dean in some cases. Division Chiefs shall be certified as diplomates of their specialty Board or be equivalently qualified.

11.9 Duties of Division Chiefs

Each Division Chief shall:

(a) act as presiding officer at Division meetings, to be held as reasonably necessary;

(b) assist in the development and implementation, in cooperation with Department Chairs, of programs to carry out the quality review and evaluation and monitoring functions of the Division, including credentials review and criteria-based privilege delineation, medical education, utilization review, and quality assurance and performance improvement, all as part of the Peer Review process;

(c) evaluate the quality of clinical work performed by each practitioner in the Division at least annually;

(d) conduct investigations and submit reports and recommendations to the Department Chair regarding complaints from other Members, Non-Members, or others regarding Members of the Division as well as regarding the Clinical Privileges to be exercised within his or her Division by Members or Applicants;

(e) submit reports of the patient care and quality monitoring activities of his or her Division to the Department Chair as required by the Department Chair;

(f) perform any of the duties of the Department Chair described in Section 11.6 above if the Chair has delegated such duties to the Division Chief;
(g) perform such other duties commensurate with the office as may from time to time be reasonably requested by the Department Chair, the Dean, the Clinical Staff Executive Committee or the MCOB or as otherwise contemplated by these Bylaws or the Credentials Manual; and

(h) sign off and transmit to the Chair the Division’s recommendations concerning and required documentation in support of Member appointment and classification, reappointment, criteria for Clinical Privileges, results of any investigation or corrective action with respect to Members with Clinical Privileges in his or her Division. Division Chiefs shall ensure that files on each of their faculty with Clinical Privileges that include documentation of FPPE and OPPE data and other activities are securely maintained and support the specifically delineated Clinical Privileges requested.

ARTICLE XII
CLINICAL STAFF STANDING COMMITTEES

12.1 Structure

The standing Committees of the Clinical Staff are as set forth in these Bylaws.

12.1.1 Reporting and Accountability to Clinical Staff Executive Committee

All Clinical Staff Committees report, and are accountable, to the Clinical Staff Executive Committee. The Chair of each Clinical Staff Committee shall report its activities to the Clinical Staff Executive Committee by submitting a written report on an annual basis, and upon request, submitting a copy of the minutes of each meeting, or as it is otherwise requested by the Chair or Vice Chair of the Clinical Staff Executive Committee, or as otherwise provided by these Bylaws.

12.1.2 Membership

The membership of the Clinical Staff Committees may consist of Members, Allied Health Professionals, Medical Center administration and administrative staff members, and other professional staff or employees of the Medical Center appointed as provided in these Bylaws. The President and the Chief Executive Officer shall be ex-officio members of all Clinical Staff Committees unless otherwise provided in these Bylaws.

12.1.3 Appointments

Except as otherwise provided in these Bylaws, all chairpersons and members of Clinical Staff Committees shall be appointed jointly by the President and the Chief Executive Officer. Appointments to Clinical Staff Committees shall be for an indefinite period, subject to the discretion of the President and the Chief Executive Officer, or the resignation of the Clinical Staff Committee member. Each appointment shall be annually reviewed by the President of the Clinical Staff and the Chief Executive Officer.
12.1.4 Quorum, Voting and Meetings

A quorum for each Clinical Staff Committee shall be thirty percent (30%) of the members currently serving. All voting and decisions ordinarily shall occur in meetings of the Clinical Staff Committee, but decisions may be made by electronic means as may be reasonably necessary from time to time. Except as otherwise provided in these Bylaws, all Clinical Staff Committees shall meet at least quarterly and as otherwise called by the chair of the Clinical Staff Committee.

12.2 Bylaws Committee

The Bylaws Committee shall ensure that the Bylaws of the Clinical Staff are consistent with the Medical Center’s operational needs, current Joint Commission Standards, applicable CMS Conditions of Participation and other CMS requirements and the policies, procedures, rules and regulations of the Medical Center. In performing this function, the Bylaws Committee shall: (a) review the Bylaws on at least an annual basis; (b) review proposed Bylaws amendments that may be proposed by Members of the Clinical Staff; (c) develop draft revisions and recommendations regarding proposed amendments to the Bylaws; (d) present proposed revisions to the Clinical Staff Executive Committee and the MCOB for review and approval; and (e) provide each Member a current copy of the Bylaws.

The Bylaws Committee shall meet as necessary, but not less than once per year.

12.3 Credentials Committee

The Credentials Committee shall review and evaluate the qualifications of each Applicant for initial appointment, reappointment or modification of appointment to the Clinical Staff in accordance with the procedures outlined in the Credentials Manual and these Bylaws. The Credentials Committee shall recommend to the Clinical Staff Executive Committee and the MCOB appointment or denial of all Applicants to the Clinical Staff and the granting of Clinical Privileges.

The Credentials Committee shall review and make recommendations for revisions to the Credentials Manual from time to time; provided however the Chair of the Credentials Committee, in consultation with the President and the Chief Executive Officer, shall have the authority to amend the Credentials Manual. The Credentials Committee shall also serve as the investigatory body for all matters set forth in Article VII of these Bylaws.

The President-elect shall serve as chair of the Credentials Committee. Only Members of the Clinical Staff serving on the Credentials Committee shall be eligible to vote on Credentials Committee matters.
12.4 Nominating Committee

The Nominating Committee shall nominate Members to serve as Officers of the Clinical Staff and shall nominate Members for the Clinical Staff Representatives, as provided in these Bylaws. The Nominating Committee shall consist of (i) the immediate past president of the Clinical Staff, who shall serve as Chair of the Nominating Committee, and (ii) six (6) Members of the Active Clinical Staff chosen by the President, subject to confirmation by the Chief Executive Officer and the Dean.

12.5 Children’s Hospital Clinical Practice Committee

The Children’s Hospital Clinical Practice Committee is an interdisciplinary committee that shall review, coordinate and recommend policies, protocols and practice guidelines that impact all aspects of the clinical and patient- and family-centered care of children.

The Children’s Hospital Clinical Practice Committee may, from time to time, recommend to the Clinical Staff Executive Committee the creation of subcommittees to develop specific recommendations for involving families and children in decision-making, customer service, program development, quality and performance improvement outcomes and practices throughout the Children’s Hospital.

Membership on the Children’s Hospital Clinical Practice Committee may include Members who have chosen to be part of the Children’s Hospital Clinical Staff as well as Allied Health Professionals and Medical Center employees with an interest in children’s health care issues. The President and Chief Executive Officer shall select the Chair of the Committee and all Committee members in accordance with Section 12.1.3. of these Bylaws.

12.6 Other Committees

The Clinical Staff Executive Committee may designate such other standing committees of the Clinical Staff as may be necessary from time to time for compliance with accreditation standards, regulatory requirements and governance of the Clinical Staff. In such event, each such committee shall be subject to the provisions of Section 12.1. In addition, the Medical Center may create, from time to time, any committees deemed necessary.
ARTICLE XIII
MEETINGS OF THE CLINICAL STAFF

13.1 Regular Meetings

Regular meetings of the Clinical Staff shall be held at a time mutually determined by the President and the Chief Executive Officer but no less than annually. One week prior to the time of the meeting a written or printed notice shall be delivered either personally, by mail or by electronic mail to each Member stating the date, time and place of the meeting. The attendance of a Member at a meeting shall constitute a waiver of notice of such meeting.

13.2 Special Meetings

The President or President-elect of the Clinical Staff, the Chief Executive Officer, the Clinical Staff Executive Committee, or the MCOB may call a special meeting of the Clinical Staff at any time. The President of the Clinical Staff shall call a special meeting within fourteen (14) days after receipt by him or her of a written request for same signed by not less than fifteen percent (15%) of the Active Clinical Staff and stating the purpose for such meeting.

At least twenty-four (24) hours prior to the meeting a written or printed notice stating the date, time and place of the special meeting of the Clinical Staff shall be delivered, either personally, by mail, or by electronic mail to each Member. The attendance of a Member at a meeting shall constitute a waiver of notice of such meeting. No business shall be transacted at any special meeting except that stated in the notice calling the meeting.

13.3 Quorum

The presence of fifty (50) Members entitled to vote at any regular or special meeting shall constitute a quorum. No official business may be taken without a quorum.

13.4 Attendance Requirements

Each Member of the Active and Ph.D. Clinical Pathologist Staffs is encouraged to attend all regular Clinical Staff meetings in each year unless unusual circumstances prevent their attendance as well as meetings of all committees to which they have been appointed as members. Attendance at special meetings will be counted toward the attendance requirement. The Honorary Clinical Staff are encouraged to but are not required to attend. A Member of the Active or Ph.D. Clinical Pathologist Staff who is compelled to be absent from any regular Clinical Staff meeting shall promptly submit to the President of the Clinical Staff, in writing, his/her reason for such absence. Unless excused for cause by the President of the Clinical Staff, the failure to meet the foregoing annual attendance requirements shall be grounds for corrective action as outlined in Article VII herein, which may lead to revocation of Clinical Staff membership. Reinstatement of Members whose membership has been revoked because of absence from Clinical Staff meetings shall be made only upon application, and all such applications shall be processed in the same manner as applications for original appointment.
13.5 **Action by Electronic Means**

Whenever these Bylaws require the vote of or action by the Clinical Staff, such vote or action may be taken by electronic means.

**ARTICLE XIV**

**CONFIDENTIALITY, IMMUNITY, AND RELEASE**

14.1 **Authorization and Conditions**

By applying for or exercising Clinical Privileges within this Medical Center, an Applicant:

(a) authorizes the Medical Center, the Clinical Staff, the Clinical Staff Executive Committee, the MCOB, the MCOB Quality Subcommittee, and the Board of Visitors, and their members and authorized representatives, to solicit, provide, and act upon information bearing upon, or reasonably believed to bear upon, the Applicant’s professional ability and qualifications and any other matter within the scope of this Article;

(b) authorizes all persons and organizations to provide information concerning such Applicant to the Medical Center, the Clinical Staff, the Clinical Staff Executive Committee, the MCOB, the MCOB Quality Subcommittee, and the Board of Visitors, and their members and authorized representatives;

(c) agrees to be bound by the provisions of this Article and to waive all legal claims against any third party, the Clinical Staff, the Medical Center, the Clinical Staff Executive Committee, the MCOB, the MCOB Quality Subcommittee, and the Board of Visitors, along with their members and authorized representatives, for any matter within the scope of this Article; and

(d) acknowledges that the provisions of this Article are express conditions to an application for Clinical Staff membership, the continuation of such membership, and to the exercise of Clinical Privileges at the Medical Center.

14.2 **Confidentiality of Information; Breach of Confidentiality**

(a) Clinical Staff, Department, Division, Committee, Clinical Staff Executive Committee, MCOB, MCOB Quality Subcommittee, Board of Visitors, or any other applicable minutes, files, and records within the scope of this Article shall, to the fullest extent permitted by law, be confidential. Dissemination of such information and records shall only be made where permitted by law, or pursuant to officially adopted policies of the Medical Center or Clinical Staff, or, where no officially adopted policy exists, only with the express approval of the Clinical Staff Executive Committee or its designee, or to the appropriate University personnel and officers in connection with the discharge of their official duties.
(b) Because effective Peer Review and consideration of the qualifications of Members and Applicants to perform specific procedures must be based on free and candid discussions, any breach of confidentiality of the discussions or deliberations of Clinical Staff Departments, Divisions, or committees, is outside appropriate standards of conduct for this Clinical Staff and will be deemed disruptive to the operations of the Medical Center. If it is determined that such a breach has occurred, the Clinical Staff Executive Committee may undertake such corrective action as it deems appropriate.

14.3 Immunity

The Clinical Staff, the Medical Center, the Clinical Staff Executive Committee, the MCOB, the MCOB Quality Subcommittee, and the Board of Visitors, along with their members and authorized representatives and all third parties, shall be immune, to the fullest extent permitted by law, from liability to an Applicant or Member for damages or other relief for any matter within the scope of this Article.

For the purpose of this Article, “third parties” means both individuals and organizations from whom information has been requested by the Medical Center, the Clinical Staff, the Clinical Staff Executive Committee, the MCOB, the MCOB Quality Subcommittee, or the Board of Visitors, or any of their members or authorized representatives.

14.4 Scope of Activities and Information Covered

The confidentiality and immunity provided by this Article shall apply to all acts, communications, reports, recommendations, or disclosures performed or made in connection with this or any other health care facility’s or organization’s activities concerning, but not limited to:

(a) application for appointment to the Clinical Staff for the granting of Clinical Privileges;

(b) periodic reappraisals for reappointment to the Clinical Staff or renewals of Clinical Privileges;

(c) corrective action, including summary or automatic suspension;

(d) hearings and appeals;

(e) medical care evaluations;

(f) utilization reviews;

(g) other Medical Center, Department, or Division, committee, or Clinical Staff activities related to monitoring and maintaining quality patient care and appropriate professional conduct;
(h) FPPE, OPPE and other Peer Review activities and organizations, the Virginia Board of Medicine, the National Practitioner Data Bank pursuant to HCQIA, and similar reports; and

(i) to the greatest extent permitted by law, all other actions taken in pursuit of activities provided for under these Bylaws.

The acts, communications, reports, recommendations, and disclosure referred to in this Section may relate to a practitioner’s professional qualifications, clinical competency, character, mental and emotional stability, physical condition, ethics, malpractice claims and suits, and any other matter that might directly or indirectly have an effect on patient care.

14.5 Releases

Each Applicant or Member shall, upon request of the Clinical Staff or Medical Center, execute general and specific releases in accordance with the express provisions and general intent of this Article. Execution of such releases shall not be deemed a prerequisite to the effectiveness of this Article.

ARTICLE XV
AMENDMENT OF BYLAWS

15.1 Amendment

15.1.1 Annual Update

The Clinical Staff Bylaws shall be reviewed at least annually by the Bylaws Committee and updated as necessary.

15.1.2 Process for Amendment

(a) Consideration shall be given to amendment of these Bylaws upon the request of the President, the President-elect, the Chief Executive Officer, the Clinical Staff Executive Committee, the MCOB, or upon a written petition signed by at least ten percent (10%) of the Members entitled to vote, or upon recommendation by the Bylaws Committee.

(b) All proposed amendments to the Bylaws shall be delivered to the Clinical Staff Executive Committee, which shall, on behalf of the Clinical Staff, review and approve, disapprove, or offer modification, as appropriate.

(c) Any amendment(s) to the Bylaws adopted by the Clinical Staff Executive Committee shall be submitted to the MCOB for review and approval, disapproval or modification, as appropriate.
(d) Amendments to these Bylaws shall become effective only upon approval by the Clinical Staff Executive Committee and the MCOB. Neither the Clinical Staff Executive Committee nor the MCOB may unilaterally amend the Bylaws.

15.2 Distribution of Bylaws

Each Member shall be provided with a copy of these Amended and Restated Clinical Staff Bylaws. If at any time amendments are made to the Bylaws, each Member shall be provided with a copy of such amendments.