

RESOLUTIONS ADOPTED BY THE BOARD OF VISITORS

DECEMBER 7-8, 2023

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- A. Faculty Senate Presentation
- B. Amended and Restated Bylaws of the Clinical Staff of the Medical Center



THE RECTOR AND VISITORS OF THE
UNIVERSITY OF VIRGINIA

December 8, 2023

Minutes of the December 7-8, 2023, Board of Visitors Meeting

Following meetings of the standing committees of the Board of Visitors, the Board met as the full Board in open session at 2:00 p.m. on Friday, December 8, 2023. Robert D. Hardie, Rector, presided. Open session was streamed live.

Present and participating were Robert M. Blue, Carlos M. Brown, Mark T. Bowles, Elizabeth M. Cranwell, Thomas A. DePasquale, U. Bertram Ellis Jr., The Honorable Paul C. Harris, Babur B. Lateef, M.D., Stephen P. Long, M.D., Paul B. Manning, James B. Murray Jr., John L. Nau III, The Honorable L.F. Payne, Amanda L. Pillion, Rachel W. Sheridan, Douglas D. Wetmore, Patricia A. Jennings, and Lillian A. Rojas.

Also present were James E. Ryan, Ian B. Baucom, Jennifer Wagner Davis, K. Craig Kent, M.D., Susan G. Harris, Donna P. Henry, Clifton Iler, John C. Jeffries Jr., Kennedy Kipps, Megan K. Lowe, Mark Luellen, David Martel, Augie Maurelli, Clark L. Murray, Debra D. Rinker, Margot M. Rogers, and Colette Sheehy.

Presenters were Michael J. Kennedy, Larry Roberts, and Charles Hartgrove.

The Rector called the meeting to order, and Ms. Cranwell led the Visitors in the Pledge of Allegiance.

On motion, duly seconded, the minutes of the September 13-15, 2023, October 26, 2023, November 2, 2023, and November 16, 2023, meetings of the Board of Visitors were approved by unanimous voice vote.

APPROVAL OF THE MINUTES OF THE SEPTEMBER 13-15, 2023, OCTOBER 26, 2023, NOVEMBER 2, 2023, AND NOVEMBER 16, 2023 MEETINGS OF THE BOARD OF VISITORS

RESOLVED, the Board of Visitors approves the minutes of the September 13-15, 2023, October 26, 2023, November 2, 2023, and November 16, 2023 meetings of the Board of Visitors.

CONSENT AGENDA

The Rector presented the consent agenda. On motion, duly seconded, the consent agenda was approved by unanimous voice vote.

MEMORIAL RESOLUTION FOR HENRY L. VALENTINE II

WHEREAS, Henry Lee Valentine II, a native of Richmond, Virginia, took a bachelor's degree in economics from the University of Virginia in 1950; and

WHEREAS, at the University he served as president of Student Council and was a member of IMP, ODK, the Raven Society, Skull & Keys, Thirteen, St. Anthony Hall fraternity, and Eli Banana; and

WHEREAS, Mr. Valentine was a gifted athlete in multiple sports and a member of the University's tennis team; and

WHEREAS, Mr. Valentine joined Davenport & Co., a wealth management and financial advisory services company, in 1950, eventually succeeding to the position of CEO and president, and to chairman. He retired from Davenport & Co. in 2021; and

WHEREAS, Mr. Valentine served eight years on Richmond City Council, two years as vice mayor. He was an active member of and advocate for the Richmond community, believing deeply in collaboration with, and inclusion of, all of its citizens. He received many honors and awards for his service including the Humanitarian Award from the National Conference of Christians and Jews in 1996, and induction into the Greater Richmond Business Hall of Fame in 2010; and

WHEREAS, Mr. Valentine served on the boards of several organizations, including as chair of the Children's Hospital of Richmond board. His University service included the Alumni Association Board of Managers as well as the Board of Visitors, where he served as an active and engaged member from 1996 to 2000; and

WHEREAS, on the Board of Visitors, Mr. Valentine was known for his financial acumen, wise counsel, and thoughtful approach to issues; and

WHEREAS, Mr. Valentine passed away on September 21, 2023;

RESOLVED, the members of the Board of Visitors commend the life and devoted service of Henry Lee Valentine II, mourn his passing, and express their deepest condolences to his wife Peggy, his children and their spouses, his grandchildren and great grandchildren, and his many friends.

MEMORIAL RESOLUTION FOR JOHN OLIVER WYNNE

WHEREAS, John Oliver "Dubby" Wynne, a native of Norfolk, Virginia, took a bachelor's degree from Princeton University in 1967 and a law degree from the University of Virginia in 1971; and

WHEREAS, Mr. Wynne was a talented athlete in multiple sports, particularly tennis. He was twice Virginia State Junior champion; and

WHEREAS, after graduating from the School of Law, Mr. Wynne practiced law with Wilcox and Savage. In 1974, he left the private practice of law to work for Frank Batten Sr. at Landmark Communications, Inc., a newspaper publishing and broadcast communications company, from which he retired as President and Chief Executive Officer in 2001. He continued to serve on Landmark's Board of Directors; and

WHEREAS, at Landmark, Mr. Wynne was responsible for launching The Weather Channel, an innovative 24-hour cable network providing weather information; and

WHEREAS, Mr. Wynne received many accolades for his work at Landmark, including the Vanguard Award for Programmers from the National Cable Television Association and the Governor's Award from the National Academy of Cable Programming. In 2016, he was named to the National Cable Hall of Fame; and

WHEREAS, Mr. Wynne's civic involvement in the Norfolk area and the Commonwealth was extensive, including serving as chair of the Virginia Business Council, vice-chair of the state-appointed Council for Virginia's Future, board member of the Colonial Williamsburg Foundation, member of the Virginia Business Higher Education Council, the Governor's Commission on Higher Education Reform, Innovation and Investment, and the Virginia Higher Education Advisory Council, among others; and

WHEREAS, in 2014, Mr. Wynne was instrumental in creating the Go Virginia Foundation and served as the initial chair of the state-appointed board. The Go Virginia Foundation supervises the administration of state-funded financial incentives for localities to collaborate to create higher-paying jobs and strengthen the economies in nine defined regions of the Commonwealth; and

WHEREAS, in 2014, Mr. Wynne received the Darden Award for Regional Leadership from the CIVIC Leadership Institute, and in 2020, he was honored as a "Living Legend" by *Virginia Business* magazine; and

WHEREAS, throughout his life, Mr. Wynne played an active role at his alma maters Norfolk Academy, where he served as a trustee and president of the Board of Trustees; Princeton University, where he served as a Charter Trustee for 14 years; and the University of Virginia, where he served on the Board of Visitors for eight years from 2003 to 2011, was elected vice rector, and served two years as Rector of the University; and

WHEREAS, Mr. Wynne's many contributions to the University of Virginia include his service as a member and chair of the University of Virginia Investment Management Company (UVIMCO) Board of Directors. He played a leadership role in establishing UVIMCO as a separate foundation from the University; and

WHEREAS, Mr. Wynne worked closely with Frank Batten Sr. on a lead gift to the University to establish a new school, the Frank Batten School of Leadership and Public Policy; and

WHEREAS, as a member of the Board of Visitors, Mr. Wynne focused on financial stewardship and efficiency, and academic excellence, believing that both could be achieved with targeted investments and benchmarking against past performance and the performance of peers. As Rector, he chaired the presidential search committee that recommended to the Board of Visitors the election of Teresa Sullivan as president; and

WHEREAS, Mr. Wynne passed away on October 26, 2023;

RESOLVED, the members of the Board of Visitors commend the extraordinary life and devoted service of John Oliver “Dubby” Wynne, mourn his passing, and express their deepest condolences to his wife Susan, his two sons, their spouses, and his grandchildren, as well as his many friends and colleagues.

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Discussion with University Leadership

Every member had a gift of a quarter zip shirt at their places, and President Ryan thanked the Board members for their wise counsel and support throughout the semester.

President Ryan said for this session he would use the format of sharing a piece of good news, a challenge the University has been working through, and an item for Board feedback. The good news was at a recent Karsh Institute Board Meeting the Sorensen Institute for Political Leadership and the Virginia Institute of Government leaders presented. These organizations are part of the Weldon Cooper Center, which integrated with the Karsh Institute last spring. President Ryan invited Larry Roberts, the Director of the Sorensen Institute, and Charles Hartgrove, the Managing Director of the Virginia Institute of Government, to speak to the Board.

The Sorensen Institute has been running programs in public leadership for the Commonwealth since 1994, not just with experienced leaders but also mid-career “emerging” leaders and high school students, with a focus on ethics in public service, the power of bipartisanship, and the study of public policy. Director Larry Roberts, a UVA alumnus, has served as Counselor to Senator Tim Kaine and in a number of other public service roles, in addition to more than two decades as a lawyer in private practice.

The Virginia Institute of Government works on-site with local government and state agencies on capacity building, best practices, and leadership development. Director Charles Hartgrove, an alumnus of UVA-Wise, has worked extensively in Virginia government including as town manager of three towns, deputy city manager of Lynchburg, and chief deputy commissioner of the department of taxation.

Mr. Roberts and Mr. Hartgrove presented on the organizations they lead. Mr. Roberts began with the Sorenson Institute program, which was created to bridge partisan, regional, racial, public/private sector, and other divides and build cohorts that represent intellectual diversity and help them bridge the divides. They work to prepare people for public

leadership through training around sound public policy development, constructive engagement with others, and ethics, and provide an alternative to increasing national polarization. He review key themes, key goals, and key components of the Institute programming. They have eight state Senate alumni and 20 Delegates in the upcoming General Assembly.

Mr. Hartgrove said the Virginia Institute of Government works with local government employees and officials to provide technical support and training, learn leadership, and convene the Local Government Equity Clinic, as well as other consulting services for local elected governing bodies, professional leadership teams, and others. Both programs are offered through the University as part of the work of the Weldon Cooper Center. Both Mr. Roberts and Mr. Hartgrove answered questions from the Visitors and President Ryan. Dr. Lateef commended the Sorenson Institute's high school program.

The challenge portion of the President's report focused on when university presidents should speak publicly about social and geopolitical matters that do not directly affect the University community such as the current situation in the Middle East. The Kalven Report out of the University of Chicago, recommended that universities never comment on political or social events unless they interfere with the operations of the university or contravene the values of the university. He said he found attractive the idea of universities to be home to the critics but not the critics themselves. The neutrality stance sounds easy in theory but is difficult in practice. The Kalven Report was written in the late 1960s, and times are different now in terms of communication with social media and other avenues available all the time. Mr. Ryan said what is most difficult is to determine the guidelines or principles for speaking or not speaking in a particular context. It is impossible to comment on everything that happens and now, when he doesn't comment, it is viewed as a choice.

Board members expressed their views. Several supported institutional neutrality, but also supported encouraging institutional debate on major social and geopolitical issues. Many Visitors articulated that ad hoc response does not seem right, and so a set of principles would be beneficial. One member said it is better not to be first to make a statement—gather more information before choosing to speak. Trying to avoid being overly “political” was mentioned. One member said it is important to defend values of the university when students speak out at the university in a way that offends those values. General consensus was that convening a group to develop guiding principles was a good idea, with membership across the ideological spectrum.

The last item on the President's report was his list of priorities for the year. He uses this list in a variety of ways, but mostly as a guide for how he spends his time. It also is how he holds himself accountable at the end of each year. He asked the Board members what they thought about the list of priorities. He said the future of colleges athletics is missing and should be added to the list.

Among other comments, several members thought President Ryan should delegate some of the items on the list—there were too many. Other members said student mental health issues deserved an in-depth look by the Board, and the use of AI in the future should

be a priority. Mr. Baucom gave a brief overview of what is being done regarding AI issues now.

Remarks by the Rector

The Rector said it has been a remarkably busy fall for the Board of Visitors as well as for the University. Students, faculty, and staff have been affected profoundly by the violence and war in parts of the world and leadership and others have done everything possible to provide mental health services and other services to ameliorate in any small way the sorrow, anxiety, and safety concerns members of the community are feeling. He thanked those doing this important work and caring for students and employees.

The mission at UVA is, in major part, to develop responsible citizen leaders and to advance, preserve, and disseminate knowledge. Those who have organized programming to help us understand the complex issues—particularly the Karsh Institute and Melody Barnes, the Miller Center, the Center for Politics, the Batten School, and the Vice Provost for Global Affairs, Steve Mull, and his team, are advancing that mission. The University is here to educate. He commended these departments and the many others who have undertaken to enlighten all of us.

Rector Hardie thanked Carla Williams and the Athletics administration and coaches. He said that as we try to move forward from the great tragedy of just over a year ago, he sees the hard work they are doing every day. Win or lose on the pitch, the field, the court, their care for our student athletes goes well beyond athletic performance. This is in the “good” category of “Great and Good.”

Finally, he recognized his fellow members of the Board for “leaning in” to board service. He said we are fortunate to have a group of engaged, thoughtful members who care deeply about making UVA even better—in education and in healthcare. The groundbreaking just held is an example of the trust Visitors have put in this university to shepherd their time and treasure to help make a difference in the world.

Rector Hardie said our University is resilient and excellent—and he particularly appreciates the times when we come together as a community to celebrate. Lighting of the Lawn and the Menorah lighting last night are examples of the ways we appreciate our community and each other.

The Rector then remarked how Lillian Rojas has been an invaluable resource for the Board this year, and he spoke about Tish Jennings’ \$8M grant to study ways of ameliorating teacher stress. He then turned to Faculty Senate chair Michael Kennedy to give his remarks.

Remarks by the Faculty Senate Chair

Mr. Kennedy said he was asked by the Rector to explain to the Board what the faculty does on a daily basis. His presentation can be found as an attachment to these Minutes.

Remarks by the Student Representative

Ms. Lillian Rojas, student representative to the Board, gave the following remarks.

Thank you, Mr. Rector.

Hello everyone and happy holidays! As 2023 draws to a close, I'd like to highlight the major themes of the student experience this year: resilience and unity.

Twenty twenty-three began with an unusually somber return to Grounds as we all continued to reflect on the events of November 13th and what our "new normal" would be. I'm not sure we've figured it out yet, but we are paving our path forward together.

The spring semester also saw a display of the resilience of student self-governance: after seventy years of debate, 89% of voting students passed a multi-Sanction constitution for the Honor System. As you heard from myself and Chair Hamza Aziz in September, this change has helped ensure the survival of the Honor System and the Community of Trust; it also demonstrates the power and engagement of student self-governance on Grounds. It takes tremendous faith for the University to place treasured institutions in the hands of students, but I believe the engagement with the reforms this year demonstrate that students rise to the occasion.

Coming into the fall semester, there was lots of enthusiasm. Students were very excited and happy to be back on Grounds. I'm very grateful to report that I have spent much of the fall learning about how other UVA students view this community. With the help of student affairs, I met with students of all four years and graduate students throughout the semester. I talked to these students about their UVA experience and learned from the perspective of students and student leaders who are not always intimately aware of the business of the Board, yet still affected by it. Students really love this place. I am struck in particular by the enthusiasm of first year students who raved about their new CIOs and the freedom they have to explore and shape this university. My conversations with upperclassmen and graduate students illuminated how much respect students have for the rigor of their classrooms and the "work hard play hard" mentality outside of it.

It's a ringing endorsement of what we do- Hoos love being Hoos.

Also in my conversations, I was pleased to learn how safe students feel. The new Ambassadors and streetlights have been noticed and appreciated; on behalf of everyone who feels secure walking around these grounds, I'd like to thank President Ryan, JJ and her team, and Chief Longo and the UPD for their hard work to restore that sense of safety.

I would be remiss not to mention how the student body has been both impacted by and responded to the events in the Middle East. Jewish and Palestinian students are in pain, but resilience remains a defining feature of UVA students. Both groups have continued on as brilliant students in the classroom and leaders outside of it, caring for the affected populations as best they can and advocating to university and national officials for change. UVA's hallmark dedication to free speech has made us a model for handling the conflict thus far: people on both sides of the conflict have held vigils, educated themselves and each other, and had constructive dialogue about the future of the Middle East. There are outliers in every community, but I do not think they should define our perceptions of our students. Perhaps we've been lucky that violence has not come to grounds, but I believe the dedication to free speech, respectful dialogue, and shared humanity has kept UVA peaceful. I sincerely hope that we continue this fine tradition in the new year and that humanity will prevail abroad.

Though, the student body is not nearly as divided as it may appear; community and light prevail in the darkest days. Trick-or-Treating on the lawn brought the Charlottesville and UVA communities together, and as students, we were thrilled to see a UVA tradition come back in full force. We also stood united in our grief for the one year anniversary of the tragedy of Nov 13th and honored the lives of Lavel Davis, Jr., D'Sean Perry, and Devin Chandler. There were several student-led events throughout that day, including the signing of a banner on South Lawn where students were able to leave messages throughout the day and a student-led vigil reminiscent of the vigil last year. I cannot understate the difficulty of that day for all of us: a year is too long to spend without the friends we lost and too soon to cease feeling the shock and horror of Nov 13th, 2022.

Yet, standing side by side on the lawn, we remembered that we are one community and will always be there for each other. That is my takeaway for 2023, and it was only reinforced by the 22nd annual Lighting of the Lawn that occurred only a week ago. We got to celebrate with the talents of our fellow students and a longer than usual light show with fantastic music. UVA is resilient: we can get through anything.

As we turn to 2024, I am hopeful that we as a University community can stay grounded in dialogue and recognize that differences are ok. We have

collectively managed hard times together and this time is no different. Together, we are the UVA, and we are there for each other. I am hopeful that we will finish out the finals season strong and look forward to a great semester in the spring. Thank you.

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Gifts and Grants Report

Summary of Fiscal Year 2024 through September 30, 2023:

Total fundraising progress for the University of Virginia and its related foundations was \$127,521,791 through September 30, 2023. Gifts and Commitments to the Darden School of Business, Athletics, McIntire School of Commerce, School of Engineering and Applied Science, Jefferson Scholars Foundation, Alumni Association, University Libraries, School of Architecture, Jeffersonian Grounds, and the Frank Batten School of Leadership and Public Policy saw increases over the previous fiscal year.

Significant Gifts Received Since the Last Meeting:

- Bill and Melinda Gates Foundation private grants totaling \$6,140,238 to the School of Medicine for Infectious Diseases Research.
- Leukemia & Lymphoma Society of America private of \$2,999,980 to the School of Medicine for Anatomical Pathology Research.
- Altec/Styslinger Foundation pledge payments totaling \$2,080,000 at the direction of Jennifer O. Styslinger and Mark J. Styslinger to the Darden School of Business for the Hotel at Darden and Lifelong Learning Conference Center and the Styslinger Family Dean's Discretionary Fund.
- Patricia F. Rissler gifts totaling \$2,000,000 to the School of Law for the James A. Rogers '63 Public Service Scholarship.
- Sentara Martha Jefferson Hospital pledge payments totaling \$2,000,000 to the Medical Center for the Sentara Martha Jefferson Pediatric Mental, Behavioral and Developmental Health Operations Endowment Fund and the Sentara Martha Jefferson Neurodevelopment and Behavioral Care Clinic.
- Anonymous pledge payment of \$1,000,000 to the Athletics Department for the Athletics Master Plan.
- Dexcom, Inc. private grant of \$879,569 to the School of Medicine for the Dexcom Master Research Agreement.

- Tennessee Board of Regents private grant of \$764,717 to the School of Education and Human Development for Professor Chris Heulleman's Motivation Research for Education and Human Development.
- Schiff Foundation, Inc. private grant of \$666,667 to the School of Medicine for the Cancer Center's Translational Program in Neuro-oncology.
- Estate of Samuel B. Witt III realized bequests totaling \$600,000 to the School of Law for the Samuel B. Witt III '64 Memorial Unrestricted Endowment; and to the College of Arts & Sciences for the Samuel B. Witt III Fund for English and the Samuel B. Witt III Fund for Studio Art.
- Dominion Energy Charitable Foundation private grant of \$500,000 to the University for the Virginia Humanities.
- Gordan and Betty Moore Foundation private grant of \$500,000 to the School of Nursing for the CommSense-Moore Award.
- Estate of Jamie H. Cockfield realized bequests totaling \$398,812 to the School of Nursing for the Pierrine Soubeyroux LePrince Scholarship Fund.
- Cystic Fibrosis Foundation private grant of \$396,351 to the School of Medicine for Pulmonary Research.
- Estate of Ann L. Sutherland realized bequest of \$358,202 to the School of Medicine for Research on Primary Hyperparathyroidism.
- Fidelity Charitable Gift Fund gift of \$333,334 recommended by Inna F. Moore and Mark C. Moore to the University for the Inna and Mark Moore Cavalier Fund.
- Chicago Community Foundation gift of \$324,726 recommended by E. Roe Stamps IV to the Darden School of Business for the Penelope W. and E. Roe Stamps IV Leadership Fellowship Awards.
- Lynde & Harry Bradley Foundation private grant of \$308,000 to the College of Arts & Sciences for the Bradley Research Fellowship Program.
- Juvenile Diabetes Research Fund private grant of \$300,000 to the School of Medicine for Endocrinology Research.
- Walker Family Foundation pledge payment of \$300,000 at the direction of Jeffrey C. Walker and Suzanne C. Walker to the McIntire School of Commerce for the Walker Family Bicentennial Scholars Fund.

- Ariana C. Williams and Greyson P. Williams pledge payment of \$300,000 to the School of Medicine for the Staff Expansion in the Division of Perceptual Studies within the Department of Psychiatry and Neurobehavioral Medicine.
- Estate of Linwood Holton Jr. realized bequest of \$299,352 to the School of Education and Human Development for the Linwood and Virginia Holton Scholarship.
- Anonymous gift of \$294,754 to the College of Arts & Sciences for the Montessori Science Center Annual Fund.
- Cohen Veterans Bioscience private grant of \$275,084 to the School of Medicine for Establishing a Normative Neuroimaging Library for Traumatic Brain Injury.
- William and Flora Hewlett Foundation private grant of \$270,000 to the Frank Batten School of Leadership and Public Policy for the Hewlett Grant Renewal.
- Fidelity Charitable Gift Fund gift of \$250,000 recommended by Faisal J. Albanna M.D. and Paula Albanna to the School of Medicine for the John A. Jane Professorship in Neurosurgery.
- Michael J. Guthrie and Kimberly D. Guthrie pledge payment of \$250,000 to the College of Arts & Sciences for the Michael J. and Kimberly D. Guthrie Bicentennial Scholars Fund.
- Stratford Grey Folkes Trust realized bequest of \$250,000 at the direction of Stratford Grey Folkes Sr. and Christa S. Folkes to the School of Engineering and Applied Science for the Virginia Engineering Foundation Suspense Account.

Significant Pledges Received Since the Last Meeting:

- Ramon W. Breeden pledges totaling \$50,000,000 to the McIntire School of Commerce for the Next Century Building Fund; and to the Athletics Department for the Athletics Master Plan.
- Shelby Cullom Davis Charitable Fund, Inc. pledge of \$5,000,000 to the University for the Davis First-Generation Scholarship Expendable Fund, as well as a pledge payment of \$1,000,000 toward this pledge.
- William L. Polk Jr. and Carolyn K. Polk pledge of \$3,400,000 to the Jefferson Scholars Foundation for the William L. Polk Jr. and Carolyn K. Polk Jefferson Scholars Foundation Distinguished University Professorship.
- Anonymous pledge of \$2,840,000 to the University for the Padel Courts.

- Community Foundation of Greater Birmingham commitment of \$2,000,000 recommended by Kenneth B. Botsford M.D. and Nina J. Botsford to the School of Medicine for the Botsford Bicentennial Professorship in Neurodegenerative Diseases Fund, as well as a gift of \$1,000,000 toward this commitment.
- Linwood A. Lacy Jr. and Constance C. Lacy pledge of \$2,000,000 to the School of Engineering and Applied Science for the Whitehead Road Building, as well as a pledge payment of \$1,000,000 toward this pledge.
- Andrew P. Stepanian and Elizabeth M. Stepanian pledge of \$2,000,000 to the College of Arts & Sciences for the Stepanian Endowed Graduate Fellowships Fund.
- Charles W. Moorman IV and Bonnie W. Moorman pledges totaling \$1,750,000 to the School of Medicine for the Psychiatric Strategic Advancement Fund and the Psychiatric Research Seed Fund.
- Alert Giving Fund commitment of \$1,000,000 recommended by John G. Lert Jr. to the Jefferson Scholars Foundation for the John G. Lert Jr. Family Walentas Scholarship.
- Mary Anderson Harrison Foundation commitment of \$750,000 recommended by Gus Harrison, Margaret Harrison, and Thomas H. Harrison to the School of Medicine for the Dementia Care Program, as well as a gift of \$300,000 toward this commitment.
- Mary V. Connell PhD pledge of \$500,000 to the Miller Center for the Mary V. Connell Presidential Studies Endowment.
- Bruce E. Procton pledge of \$500,000 to the Athletics Department for the Virginia Swimming and Diving Alumni Olympic Trials and Program Enhancement Fund.
- Anonymous pledge of \$375,000 to the University for the Richards Family Fund for Student Health and Wellness.
- Donna M. Carlisle and Richard P. Carlisle pledge of \$300,000 to the Athletics Department for the Ralph Sampson Bicentennial Scholars Fund.
- Dona P. Oldfield and Henry J. Oldfield pledge of \$250,000 to the University for the Henry and Dona Oldfield Blue Ridge Scholars Fund.
- Jeffrey A. Raich pledge of \$250,000 to the McIntire School of Commerce for the Next Century Building Fund.
- Dylan S. Ramsey pledge of \$250,000 to the School of Law for the George Boardman Eager III Scholarship.

- David G. Swank and Amity M. Swank pledge of \$250,000 to the McIntire School of Commerce for the McIntire Annual Fund.
- United Bank pledge of \$250,000 to the Athletics Department for General Athletic Facilities.
- Gavin A. White pledge of \$250,000 to the School of Law for the Risa Goluboff Distinguished Professorship.

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Closed Session

At 3:47 p.m., Mr. Harris read the closed session motion, and after approving the motion, the Visitors met in closed session. James E. Ryan, Ian B. Baucom, Jennifer Wagner Davis, Dr. K. Craig Kent, Cliff Iler, Susan G. Harris, John C. Jeffries Jr., and David Martel were present for the closed session. Chief Timothy Longo and Dr. Christopher P. Holstege participated in a portion of the closed session.

“Mr. Rector, I move that the Board of Visitors go into Closed Session to consult with legal counsel and receive legal advice about specific legal and regulatory matters including potential and actual litigation and negotiations and legal settlements where discussion in a public meeting could adversely affect the negotiating and litigating posture of the University; to discuss and consider elections, appointments, promotions, salaries, resignations, and retirements of academic faculty and members of the senior administration; to discuss plans and programs for improving public safety in and around the Grounds where discussion in an open meeting could jeopardize the security of the Grounds; and to discuss specific acquisitions that further the strategic initiatives of the Medical Center where disclosure at this time would adversely affect the competitive position of the Medical Center. The relevant exemptions are Sections 2.2-3711 A (1), (6), (7), (8), (19) and (22) of the Code of Virginia.”

At 4:52 p.m., the Board resumed in open session, and, on motion by Mr. Harris, which was duly seconded, certified that the deliberations in closed session had been conducted in accordance with the exemptions permitted by the Virginia Freedom of Information Act. Ms. Harris called the roll, and all members present voted in the affirmative: Mr. Hardie, Mr. Blue, Mr. Bowles, Mr. Brown, Ms. Cranwell, Mr. DePasquale, Mr. Ellis, Mr. Harris, Dr. Lateef, Dr. Long, Mr. Manning, Mr. Murray, Mr. Nau, Mr. Payne, Ms. Pillion, Ms. Sheridan, Mr. Wetmore, Ms. Jennings, and Ms. Rojas. The certification motion was as follows:

“Mr. Rector, I move that we vote on and record our certification that, to the best of each member’s knowledge, only public business matters lawfully exempted from open meeting requirements, and

which were identified in the motion authorizing the Closed Session, were heard, discussed or considered in Closed Session.”

Final Session

Mr. Hardie reminded the members of the Board that the action items were presented in committee except as otherwise stated.

President Ryan read the titles of the consent and action items. Mr. Hardie asked for a motion to approve and a second, and stated that anyone who wished to abstain from voting on any item, or to vote in the negative, should do so at this time by identifying the item or items. Mr. Ellis abstained on action items 7, 9, 10, and 11. All other members present voted in the affirmative on all consent and action items recommended by committees of the Board as well as the Personnel Actions and items 12 and 13 that were discussed in closed session.

CONSENT AGENDA

1. NAMING THE TESSA AND RICHARD ADER PERFORMING ARTS CENTER (approved by the Buildings and Grounds Committee on December 7, 2023)

WHEREAS, Tessa and the late Richard Ader have been longtime supporters of the arts at the University; and

WHEREAS, Mr. Ader was the co-trustee of the Cornell Foundation, also a generous supporter of the University; and

WHEREAS, in 2021, Mrs. Ader contributed the lead gift to establish a performing arts center on the Emmet-Ivy Corridor; and

WHEREAS, the new performing arts center is now envisioned as one component of the Center for the Arts which will also include the University’s Music department and museums;

RESOLVED, the Board of Visitors approves the naming of the performing arts center portion of the Center for the Arts as The Tessa and Richard Ader Performing Arts Center; and

RESOLVED FURTHER, the Board of Visitors and the University offer profound thanks to Mrs. Ader for her philanthropic support.

2. DEMOLITION OF STRUCTURES FOR IVY CORRIDOR PHASE IIA (approved by the Buildings and Grounds Committee on December 7, 2023)

WHEREAS, 2025 and 2029 Ivy Road and Agency 207, Buildings 207-3340 C & D (the “Structures”) are located such that they conflict with the construction of the Karsh Institute for Democracy, installation of supporting site infrastructure, and future redevelopment; and

WHEREAS, pursuant to the Management Agreement, dated November 15, 2005, by and between the Commonwealth of Virginia and The Rector and Visitors of the University of Virginia, as amended, subject to review by the Art and Architectural Review Board and the Department of Historic Resources and compliance with such general laws as may be applicable, the Board of Visitors is authorized to approve the demolition of buildings;

RESOLVED, the demolition of the Structures is approved by the Board of Visitors, subject to approval by the Art and Architectural Review Board and the Department of Historic Resources and compliance with such general laws as may be applicable; and

RESOLVED FURTHER, the Executive Vice President and Chief Operating Officer is authorized, on behalf of the University, to approve and execute such documents and to take such other actions as deemed necessary and appropriate in connection with the demolition of the Structures; and

RESOLVED FURTHER, all prior acts performed by the Executive Vice President and Chief Operating Officer, and other officers and agents of the University, in connection with the demolition of the Structures, are in all respects approved, ratified, and confirmed.

ACTION ITEMS

3. **SIGNATORY AUTHORITY FOR MEDICAL CENTER CONTRACTS WITH CARDINAL HEALTH AND CDW GOVERNMENT LLC**

(approved by the Health System Board on December 7, 2023 and by the Finance Committee on December 8, 2023)

RESOLVED, the Board of Visitors authorizes the Executive Vice President and Chief Operating Officer to execute the contracts on behalf of the Medical Center with Cardinal Health and affiliates for pharmacy distribution services, and with CDW Government LLC for computing hardware, software, and services.

4. **NINA AND KEN BOTSFORD BICENTENNIAL PROFESSORSHIP IN NEURODEGENERATIVE DISEASES**

(approved by the Academic and Student Life Committee on December 7, 2023)

WHEREAS, a longtime volunteer and donor to the University, Ken (Col '75, Med '79) Botsford is a member of the Health System Board and vice chair for health for the Honor the Future campaign, serving on the University's Campaign Executive Committee; and

WHEREAS, based on their family interest in neurodegenerative diseases, specifically Alzheimer's, Dr. Botsford and his wife Nina made two generous gifts to UVA Health to fund the Nina and Ken Botsford Bicentennial Professorship in Neurodegenerative Diseases, and,

through their estate, the Nina and Ken Botsford Research Fund in Neurodegenerative Diseases; and

WHEREAS, the Botsfords hope these gifts will help further discoveries in Alzheimer's and other neurodegenerative diseases, which could lead to future treatments and cures. They also hope their gifts will inspire others to contribute to UVA research in this field; and

WHEREAS, the income of the Nina and Ken Botsford Bicentennial Professorship in Neurodegenerative Diseases, strengthened through matching funds provided by the University's Bicentennial Professorship Fund, will be used to support a faculty member in the field of neurodegenerative diseases. This professorship will allow the dean of the School of Medicine to attract and retain the most innovative and distinguished physician scientists studying and treating Alzheimer's, Parkinson's, and related diseases, and its holder will be a tenured or tenure-track faculty member;

RESOLVED, the Board of Visitors establishes the Nina and Ken Botsford Bicentennial Professorship in Neurodegenerative Diseases in the School of Medicine; and

RESOLVED FURTHER, the Board of Visitors thanks Nina and Ken Botsford for their generous contributions to the University and the School of Medicine.

5. ARTS & SCIENCES RESEARCH PROFESSORSHIP IN DEMOCRACY AND EQUITY
(approved by the Academic and Student Life Committee on December 7, 2023)

WHEREAS, Lisa A. Smith took a B.A. in Economics from the College of Arts & Sciences in 1985 and went on to work for the Robin Hood Foundation, which works with other organizations to combat poverty in New York City, eventually becoming Deputy Director; and

WHEREAS, Ms. Smith has served in important volunteer roles for University-associated organizations including interviewing Jefferson Scholars candidates and as a member and chair of the College Foundation Board; and

WHEREAS, Ms. Smith was inspired to fund a research professorship by the work in democracy and equity at the College and Graduate School of Arts & Sciences and the University. The research professorship will receive matching funds from the University's Research Professorship in Democracy and Equity Matching Fund;

RESOLVED, the Board of Visitors establishes the Arts & Sciences Research Professorship in Democracy and Equity in the College and Graduate School of Arts & Sciences; and

RESOLVED FURTHER, the Board of Visitors thanks Lisa A. Smith for her generous contributions to the University and the College and Graduate School of Arts & Sciences.

6. **RENAMING THE DISTINGUISHED PROFESSORSHIP IN EMERGENCY MEDICINE
THE ROBERT E. O'CONNOR DISTINGUISHED PROFESSORSHIP IN EMERGENCY
MEDICINE**

(approved by the Academic and Student Life Committee on December 7, 2023)

WHEREAS, through Dr. Robert E. O'Connor's stewardship, the academic, clinical and research missions of the Department of Emergency Medicine have all advanced and added to the national and international stature of the University of Virginia while maintaining a strong and stable financial position with diversified revenue sources;

RESOLVED, the Board of Visitors renames the Distinguished Professorship in Emergency Medicine the Robert E. O'Connor Distinguished Professorship in Emergency Medicine; and

RESOLVED FURTHER, the Board of Visitors congratulates Dr. O'Connor for this significant honor and thanks him for his service to the Department of Emergency Medicine, the School of Medicine, and the University.

7. **2024-2025 ACADEMIC DIVISION AND REQUIRED FEE RATES**

(approved by the Finance Committee on December 8, 2023)

WHEREAS, the Board of Visitors seeks to keep tuition and fee rates at an affordable level while continuing to meet 100% of financial need to invest in recruiting and retaining excellent faculty and instructional delivery; and

WHEREAS, the AccessUVA commitment ensures that Virginia families with need are provided with financial support. Inflation has increased the costs to families and, subsequently, the federal poverty threshold has increased since the setting of AccessUVA income thresholds;

RESOLVED, Academic Division tuition and fee rates are approved as shown below, effective July 1, 2024, and July 1, 2025; and

RESOLVED FURTHER, these rates were developed assuming 2024-2025 and 2025-2026 unrestricted state appropriation at or above the level included in the 2022-2024 Appropriation Act. Additionally, these proposals assume a Higher Education Price Index (HEPI) at or around 4.4%. If either the unrestricted state appropriation or HEPI is substantially different, adjustments to these tuition rates may be proposed; and

RESOLVED FURTHER, beginning with Academic Year 2024-2025, UVA will award Virginia families with an income of \$150,000 or less a \$2,000 grant, Virginia families with an income of \$100,000 or less free tuition and fees, and Virginia families with an income of \$50,000 or less free tuition, fees, room, and board. Philanthropic gifts support the increased costs associated with these inflationary adjustments.

	In State							Out Of State						
	2023-24 Approved	Increase	%	2024-25 Proposed	Increase	%	2025-26 Proposed	2023-24 Approved	Increase	%	2024-25 Proposed	Increase	%	2025-26 Proposed
Undergraduate Programs - Tuition and E&G Fees														
Arts & Sciences - Years 1-2	\$ 15,785	\$ 474	3.0%	\$ 16,259	\$ 488	3.0%	\$ 16,747	\$ 53,397	\$ 1,582	3.0%	\$ 54,979	\$ 1,629	3.0%	\$ 56,607
Arts & Sciences - Years 3-4	\$ 18,699	\$ 562	3.0%	\$ 19,261	\$ 578	3.0%	\$ 19,839	\$ 56,331	\$ 1,670	3.0%	\$ 58,001	\$ 1,719	3.0%	\$ 59,719
Architecture (all years)	\$ 16,905	\$ 508	3.0%	\$ 17,413	\$ 522	3.0%	\$ 17,935	\$ 54,565	\$ 1,618	3.0%	\$ 56,183	\$ 1,665	3.0%	\$ 57,847
Education & Human Development (all years)	\$ 15,785	\$ 474	3.0%	\$ 16,259	\$ 488	3.0%	\$ 16,747	\$ 53,397	\$ 1,582	3.0%	\$ 54,979	\$ 1,629	3.0%	\$ 56,607
Engineering - Years 1-2	\$ 25,851	\$ 776	3.0%	\$ 26,627	\$ 800	3.0%	\$ 27,427	\$ 63,875	\$ 1,896	3.0%	\$ 65,771	\$ 1,953	3.0%	\$ 67,723
Engineering - Year3 ¹	\$ 24,821	\$ 1,806	7.3%	\$ 26,627	\$ 800	3.0%	\$ 27,427	\$ 62,839	\$ 2,932	4.7%	\$ 65,771	\$ 1,953	3.0%	\$ 67,723
Engineering - Year4 ¹	\$ 23,743	\$ 1,824	7.7%	\$ 25,567	\$ 1,860	7.3%	\$ 27,427	\$ 61,753	\$ 2,952	4.8%	\$ 64,705	\$ 3,019	4.7%	\$ 67,723
Batten (all students)	\$ 27,169	\$ 816	3.0%	\$ 27,985	\$ 840	3.0%	\$ 28,825	\$ 65,255	\$ 1,938	3.0%	\$ 67,193	\$ 1,995	3.0%	\$ 69,187
Data Science - Year2 ²	n/a	n/a	n/a	\$ 16,259	\$ 488	3.0%	\$ 16,747	n/a	n/a	n/a	\$ 54,979	\$ 1,629	3.0%	\$ 56,607
Data Science - Year3+ ²	n/a	n/a	n/a	\$ 27,985	\$ 840	3.0%	\$ 28,825	n/a	n/a	n/a	\$ 67,193	\$ 1,995	3.0%	\$ 69,187
McIntire - Year2	\$ 15,785	\$ 474	3.0%	\$ 16,259	\$ 488	3.0%	\$ 16,747	\$ 53,397	\$ 1,582	3.0%	\$ 54,979	\$ 1,629	3.0%	\$ 56,607
McIntire - Years 3-4	\$ 27,227	\$ 818	3.0%	\$ 28,045	\$ 842	3.0%	\$ 28,887	\$ 65,347	\$ 1,940	3.0%	\$ 67,287	\$ 1,999	3.0%	\$ 69,285
Nursing (all years)	\$ 20,177	\$ 606	3.0%	\$ 20,783	\$ 624	3.0%	\$ 21,407	\$ 57,941	\$ 1,718	3.0%	\$ 59,659	\$ 1,769	3.0%	\$ 61,427
Nursing-RN to BSN - Years 3-4	\$ 17,815	\$ 534	3.0%	\$ 18,349	\$ 550	3.0%	\$ 18,899	\$ 55,435	\$ 1,644	3.0%	\$ 57,079	\$ 1,693	3.0%	\$ 58,771
Other Undergraduate Programs - Tuition Only														
Summer Session Undergraduate (per credit hour)	\$ 456	\$ 14	3.1%	\$ 470	\$ 14	3.0%	\$ 484	\$ 1,685	\$ 51	3.0%	\$ 1,736	\$ 51	2.9%	\$ 1,787
J-Term Undergraduate (per credit hour)	\$ 456	\$ 14	3.1%	\$ 470	\$ 14	3.0%	\$ 484	\$ 1,685	\$ 51	3.0%	\$ 1,736	\$ 51	2.9%	\$ 1,787
Comprehensive Fees														
Regular Session-E&G Fees (annual charge)	\$ 461	\$ 14	3.0%	\$ 475	\$ 14	3%	\$ 489	\$ 1,143	\$ 14	1.2%	\$ 1,157	\$ 14	1%	\$ 1,171
Regular Session-Auxiliary Fees (annual charge)	\$ 2,967	\$ 130	4.4%	\$ 3,097	\$ 136	4.4%	\$ 3,233	\$ 2,967	\$ 130	4.4%	\$ 3,097	\$ 136	4.4%	\$ 3,233
Summer Session (per-session charge)	\$ 453	\$ 22	4.9%	\$ 475	\$ 18	3.8%	\$ 493	\$ 513	\$ 22	4.3%	\$ 535	\$ 18	3.4%	\$ 553
Special Session (per-session charge)	\$ 260	\$ 9	3.5%	\$ 269	\$ 8	3.0%	\$ 277	\$ 320	\$ 9	2.8%	\$ 329	\$ 8	2.4%	\$ 337
January Term (per-session charge)	\$ 209	\$ 7	3.3%	\$ 216	\$ 6	2.8%	\$ 222	\$ 239	\$ 7	2.9%	\$ 246	\$ 6	2.4%	\$ 252
Off-Grounds (per-credit hour charge)	\$ 9	\$ 1	11.1%	\$ 10	\$ 2	20.0%	\$ 12	\$ 9	\$ 1	11.1%	\$ 10	\$ 2	20.0%	\$ 12
Research Off-Grounds (annual charge)	\$ 1,251	\$ 74	5.9%	\$ 1,325	\$ 65	4.9%	\$ 1,390	\$ 1,196	\$ 129	10.8%	\$ 1,325	\$ 65	4.9%	\$ 1,390
Visiting Graduate Researcher (monthly charge)	\$ 169	\$ 1	0.6%	\$ 170	\$ 3	1.8%	\$ 173	\$ 169	\$ 1	0.6%	\$ 170	\$ 3	1.8%	\$ 173
OTHER: Other contracted course and cooperative program tuition and required fee rates, including tuition for specialized graduate and professional credit courses, approved on a basis consistent with University contracting policies and procedures by the Executive Vice President and Chief Operating Officer. Discounts to summer session and January term rates, approved on a basis consistent with University policies and procedures by the Executive Vice President and Chief Operating Officer. Miscellaneous fees not anticipated in this resolution may be enacted with the prior approval of the Chair of the Finance Committee, approved on a basis consistent with University policies and procedures by the Executive Vice President and Chief Operating Officer.														
Unless otherwise noted, all per credit hour tuition rates for full-time programs are derived by dividing the applicable annual tuition rate by the average course load. Such per-credit hour rates are assessed only to students who are enrolled in an approved part-time program or have been approved for a reduced load.														
¹ A phased approach to School of Engineering tuition increases was approved by the Board of Visitors in 2017. The classes of 2024 and 2025 are the final classes affected by the phase-in; all classes will pay the same rates beginning in academic year 2025-26.														
² The School of Data Science will start accepting second-year undergraduate students in Fall 2024. Second-year students will pay the same rate as College of Arts & Sciences 1 st and 2 nd year students, while 3 rd and 4 th year students will pay the same rate as Batten School of Leadership & Public Policy students.														

	In State				Out Of State			
	2023-24 Approved	Increase	%	2025-26 Proposed	2023-24 Approved	Increase	%	2025-26 Proposed
Graduate Architecture - Tuition and Required Fees								
Master's Programs	\$ 25,260	\$ 796	3.2%	\$ 26,056	\$ 38,858	\$ 1,184	3.0%	\$ 40,042
Full-Time Research Only	\$ 9,830	\$ 334	3.4%	\$ 10,164	\$ 10,512	\$ 334	3.2%	\$ 10,846
PhD in Constructed Environment (Years 1-2)	\$ 22,670	\$ 720	3.2%	\$ 23,390	\$ 35,794	\$ 1,092	3.1%	\$ 36,886
PhD in Constructed Environment (Years 3+)	\$ 9,310	\$ 318	3.4%	\$ 9,628	\$ 9,992	\$ 318	3.2%	\$ 10,310
Graduate Arts & Sciences - Tuition and Required Fees								
Master's programs	\$ 24,132	\$ 974	4.0%	\$ 25,106	\$ 38,966	\$ 1,540	4.0%	\$ 40,506
PhD Programs (Years 1-3)	\$ 22,612	\$ 914	4.0%	\$ 23,526	\$ 36,198	\$ 1,430	4.0%	\$ 37,628
PhD Programs (Years 4+)	\$ 9,452	\$ 390	4.1%	\$ 9,842	\$ 10,134	\$ 390	3.8%	\$ 10,524
Non-Degree Programs	\$ 9,452	\$ 390	4.1%	\$ 9,842	\$ 10,134	\$ 390	3.8%	\$ 10,524
Graduate Batten - Tuition and Required Fees								
Graduate Program, 2nd Year of Accelerated B/MPP	\$ 32,666	\$ 1,310	4.0%	\$ 33,976	\$ 58,814	\$ 712	1.2%	\$ 59,526
Graduate Program, Tuition Only (15-month rate)	\$ 58,294	\$ 1,261	2.2%	\$ 59,555	\$ 109,214	\$ 1,092	1.0%	\$ 110,306
MPP (percredit hour)	\$ 1,215	\$ 49	4.0%	\$ 1,264	\$ 2,277	\$ 23	1.0%	\$ 2,300
Darden - Tuition and Required Fees								
MBA Students (Years 1-2)	\$ 75,600	\$ 3,100	4.1%	\$ 78,700	\$ 78,600	\$ 3,100	3.9%	\$ 81,700
Part-Time MBA (Tuition and Course, Meals Fees Only)	\$ 2,495	\$ 98	3.9%	\$ 2,593	\$ 2,563	\$ 30	1.2%	\$ 2,593
MBA for Executives (2-year program total)	\$ 170,300	\$ 5,800	3.4%	\$ 176,100	\$ 170,300	\$ 5,800	3.4%	\$ 176,100
Global MBA for Executives (2-year program total)	\$ 170,300	\$ 5,800	3.4%	\$ 176,100	\$ 170,300	\$ 5,800	3.4%	\$ 176,100
PhD Students (Years 1-2)	\$ 22,602	\$ 912	4.0%	\$ 23,514	\$ 36,188	\$ 1,428	3.9%	\$ 37,616
PhD Students (Years 3+)	\$ 9,442	\$ 388	4.1%	\$ 9,830	\$ 10,124	\$ 388	3.8%	\$ 10,512
Data Science - Tuition and Required Fees								
M.S. in Data Science	\$ 39,842	\$ 1,954	4.9%	\$ 41,796	\$ 54,436	\$ 2,134	3.9%	\$ 56,570
MS/MBA Dual Degree (MS Tuition only; 2-Year Total)	\$ 35,862	\$ 1,791	5.0%	\$ 37,653	\$ 49,696	\$ 1,989	4.0%	\$ 51,685
PhD Students (Years 1-2)	\$ 22,478	\$ 714	3.2%	\$ 23,192	\$ 32,850	\$ 1,006	3.1%	\$ 33,856
PhD Students (Year 3)	\$ 15,866	\$ 516	3.3%	\$ 16,382	\$ 21,392	\$ 662	3.1%	\$ 22,054
PhD Students (Years 4+)	\$ 9,252	\$ 618	6.7%	\$ 9,870	\$ 9,934	\$ 618	6.2%	\$ 10,552
M.S. in Data Science Fully Online Tuition (per credit hour)	\$ 1,411	\$ 56	4.0%	\$ 1,467	\$ 1,411	\$ 56	4.0%	\$ 1,467
M.S. in Data Science (per credit hour)	\$ 1,121	\$ 56	5.0%	\$ 1,177	\$ 1,553	\$ 62	4.0%	\$ 1,615
Graduate Education & Human Development - Tuition and Required Fees								
Master's Programs, except as noted below	\$ 21,804	\$ 836	3.8%	\$ 22,640	\$ 33,386	\$ 1,246	3.7%	\$ 34,632
Athletic Training MS (12-month rate)	\$ 24,727	\$ 950	3.8%	\$ 25,677	\$ 39,539	\$ 816	2.1%	\$ 40,355
Communication Sciences and Disorders MEd Internship (semester rate)	\$ 6,452	\$ 248	3.8%	\$ 6,700	\$ 9,343	\$ 348	3.7%	\$ 9,691
Teacher Education MT (12-month rate)	\$ 28,767	\$ 146	0.5%	\$ 28,913	\$ 41,309	\$ 146	0.4%	\$ 41,455
PhD and EdD Programs (Years 1-2)	\$ 21,804	\$ 836	3.8%	\$ 22,640	\$ 33,386	\$ 1,246	3.7%	\$ 34,632
PhD and EdD Programs (Year 3)	\$ 15,624	\$ 614	3.9%	\$ 16,238	\$ 21,826	\$ 806	3.7%	\$ 22,632
PhD and EdD Programs (Years 4+)	\$ 9,384	\$ 386	4.1%	\$ 9,770	\$ 10,066	\$ 386	3.8%	\$ 10,452
Fully Online Graduate Tuition (per credit hour)	\$ 599	\$ 23	3.8%	\$ 622	\$ 599	\$ 23	3.8%	\$ 622
Off-Grounds Tuition (per credit hour)	\$ 599	\$ 23	3.8%	\$ 622	\$ 599	\$ 23	3.8%	\$ 622
Master's Programs (per credit hour)	\$ 765	\$ 29	3.8%	\$ 794	\$ 1,225	\$ 45	3.7%	\$ 1,270
Admin & Supervision-Program Fee-Year 1	\$ 650	\$ -	0.0%	\$ 650	\$ 650	\$ -	0.0%	\$ 650
Admin & Supervision-Program Fee-MEd & Years 2-3 EdD	\$ 450	\$ -	0.0%	\$ 450	\$ 450	\$ -	0.0%	\$ 450
Graduate Engineering - Tuition and Required Fees								
Master's Programs, except as noted below	\$ 23,358	\$ 146	0.6%	\$ 23,504	\$ 37,010	\$ 1,130	3.1%	\$ 38,140
Computer Science Master's	\$ 25,798	\$ 814	3.2%	\$ 26,612	\$ 42,950	\$ 1,308	3.0%	\$ 44,258
Commonwealth Graduate Engineering Program (per credit hour)	\$ 804	\$ 24	3.0%	\$ 828	\$ 1,500	\$ 45	3.0%	\$ 1,545
Accelerated Master's Program	\$ 45,791	\$ (6,493)	-14.2%	\$ 39,298	\$ 45,971	\$ (6,493)	-14.1%	\$ 39,478
PhD Programs (Years 1-3)	\$ 16,890	\$ 146	0.9%	\$ 17,036	\$ 25,160	\$ 146	0.6%	\$ 25,306
PhD Programs (Year 4 & non-degree research only)	\$ 9,144	\$ 146	1.6%	\$ 9,290	\$ 9,826	\$ 146	1.5%	\$ 9,972
Law - Tuition and Required Fees								
JD	\$ 71,200	\$ 3,500	4.9%	\$ 74,700	\$ 74,200	\$ 3,500	4.7%	\$ 77,700
LLM	\$ 71,200	\$ 3,500	4.9%	\$ 74,700	\$ 74,200	\$ 3,500	4.7%	\$ 77,700
SJD Research Only	\$ 9,000	\$ 500	5.6%	\$ 9,500	\$ 10,000	\$ 500	5.0%	\$ 10,500
Graduate McIntire - Tuition and Required Fees								
M.S. in Accounting	\$ 38,936	\$ 1,560	4.0%	\$ 40,496	\$ 48,486	\$ 1,914	3.9%	\$ 50,400
M.S. in Commerce	\$ 52,880	\$ 2,119	4.0%	\$ 54,999	\$ 59,944	\$ 2,374	4.0%	\$ 62,318
M.S. in Global Commerce - Americas	\$ 47,244	\$ -	0.0%	\$ 47,244	\$ 47,584	\$ -	0.0%	\$ 47,584
M.S. in Global Commerce - Barcelona	\$ -	\$ -	n/a	\$ -	\$ 6,808	\$ -	0.0%	\$ 6,808
M.S. in Global Commerce - China	\$ -	\$ -	n/a	\$ -	\$ 19,033	\$ -	0.0%	\$ 19,033
M.S. in MIT	\$ 53,160	\$ 2,121	4.0%	\$ 55,281	\$ 53,160	\$ 2,121	4.0%	\$ 55,281
M.S. in Business Analytics (McIntire-Darden joint degree)	\$ 68,259	\$ 2,726	4.0%	\$ 70,985	\$ 68,259	\$ 2,726	4.0%	\$ 70,985
Medicine - Tuition and Required Fees								
MD (Year 1)	\$ 52,328	\$ 1,116	2.1%	\$ 53,444	\$ 64,484	\$ 2,522	3.9%	\$ 67,006
MD (Year 2)	\$ 51,176	\$ 1,328	2.6%	\$ 52,504	\$ 63,606	\$ 1,054	1.7%	\$ 64,660
MD (Year 3)	\$ 50,274	\$ 1,078	2.1%	\$ 51,352	\$ 61,384	\$ 2,398	3.9%	\$ 63,782
MD (Year 4)	\$ 48,960	\$ 1,488	3.0%	\$ 50,448	\$ 59,766	\$ 1,792	3.0%	\$ 61,558
MD/MBA Program - Spring Semester	\$ 29,159	\$ 3,525	12.1%	\$ 32,684	\$ 32,605	\$ 3,608	11.1%	\$ 36,213
MD/MBA and MD/JD Programs - Summer Semester	\$ 18,913	\$ 1,288	6.8%	\$ 20,201	\$ 23,625	\$ 1,199	5.1%	\$ 24,824
Biomedical Sciences (Years 1-2 for MSTP & students with Master's, Years 1-3 all others)	\$ 22,560	\$ 740	3.3%	\$ 23,300	\$ 36,084	\$ 1,126	3.1%	\$ 37,210
Biomedical Sciences (Years 3+ for MSTP & students with a Master's, Years 4+ all others)	\$ 5,464	\$ 228	4.2%	\$ 5,692	\$ 5,464	\$ 228	4.2%	\$ 5,692
Biomedical Sciences - Summer Session	\$ 3,014	\$ 77	2.6%	\$ 3,091	\$ 3,014	\$ 77	2.6%	\$ 3,091
Master's in Public Health	\$ 23,682	\$ 774	3.3%	\$ 24,456	\$ 37,464	\$ 1,170	3.1%	\$ 38,634

	In State				Out Of State			
	2023-24 Approved	Increase	%	2025-26 Proposed	2023-24 Approved	Increase	%	2025-26 Proposed
Graduate Nursing - Tuition and Required Fees								
Master's Programs, except as noted below	\$ 24,196	\$ 766	3.2%	\$ 24,962	\$ 37,970	\$ 1,160	3.1%	\$ 39,130
Clinical Nurse Leader (CNL)	\$ 29,308	\$ 920	3.1%	\$ 30,228	\$ 48,002	\$ 1,462	3.0%	\$ 49,464
PhD Programs (Years 1-3)	\$ 22,632	\$ 910	4.0%	\$ 23,542	\$ 36,218	\$ 1,428	3.9%	\$ 37,646
PhD Programs (Years 4+)	\$ 9,472	\$ 384	4.1%	\$ 9,856	\$ 10,154	\$ 384	3.8%	\$ 10,538
Doctor of Nursing Practice (DNP) - Post-BSN	\$ 24,196	\$ 766	3.2%	\$ 24,962	\$ 37,970	\$ 1,160	3.1%	\$ 39,130
Doctor of Nursing Practice (DNP) - Post-MSN	\$ 21,288	\$ 640	3.0%	\$ 21,928	\$ 34,500	\$ 1,034	3.0%	\$ 35,534
Full-Time Research Only	\$ 9,310	\$ 320	3.4%	\$ 9,630	\$ 9,226	\$ 298	3.2%	\$ 9,524
SCPS								
SCPS Undergraduate (per credit hour)	\$ 488	\$ 11	2.3%	\$ 499	\$ 488	\$ 11	2.3%	\$ 499
Community Scholars - Undergraduate (per credit hour)	\$ 488	\$ 11	2.3%	\$ 499	\$ 1,582	\$ -	0.0%	\$ 1,582
Bachelor of Professional Studies (per credit hour)	\$ 590	\$ (91)	-15.4%	\$ 499	\$ 590	\$ (91)	-15.4%	\$ 499
SCPS Graduate (per credit hour)	\$ 611	\$ 18	2.9%	\$ 629	\$ 611	\$ 18	2.9%	\$ 629
Community Scholars - Graduate (per credit hour)	\$ 611	\$ 18	2.9%	\$ 629	\$ 1,631	\$ -	0.0%	\$ 1,631
Post-Baccalaureate Pre-Medical Certificate Program	\$ 37,335	\$ 1,091	2.9%	\$ 38,426	\$ 42,794	\$ 1,257	2.9%	\$ 44,051
Post-Baccalaureate Professional Certificates (per credit hour)	\$ 524	\$ -	0.0%	\$ 524	\$ 524	\$ -	0.0%	\$ 524
Fully Online Active Military (per credit hour)	\$ 250	\$ -	0.0%	\$ 250	\$ 250	\$ -	0.0%	\$ 250
UVA Edge (Charlottesville and surrounding localities)	\$ 395	\$ -	0.0%	\$ 395	\$ 395	\$ -	0.0%	\$ 395
UVA Launchpad	\$ 3,700	\$ -	0.0%	\$ 3,700	\$ 3,700	\$ -	0.0%	\$ 3,700
Provost								
Summer Session & J-Term Graduate Tuition (per credit hour)	\$ 535	\$ 16	3.0%	\$ 551	\$ 1,084	\$ 33	3.0%	\$ 1,117
Study Abroad Tuition (per credit hour)	\$ 427	\$ 13	3.0%	\$ 440	\$ 557	\$ 17	3.1%	\$ 574
K-12 Educators (Undergraduate & Graduate, per credit hour)	\$ 485	\$ 20	4.1%	\$ 505	\$ 915	\$ 35	3.8%	\$ 950
All Other Summer Research (part time, per research credit hour)	\$ 245	\$ 10	4.1%	\$ 255	\$ 245	\$ 10	4.1%	\$ 255
Activity Fees								
Activity Fee-Regular Session	\$ 56	\$ 2	3.6%	\$ 58	\$ 56	\$ 2	3.6%	\$ 58
Activity Fee-Architecture	\$ 70	\$ -	0.0%	\$ 70	\$ 70	\$ -	0.0%	\$ 70
Activity Fee-Arts & Sciences Undergraduate	\$ 8	\$ -	0.0%	\$ 8	\$ 8	\$ -	0.0%	\$ 8
Activity Fee-Arts & Sciences Graduate	\$ 10	\$ 2	20.0%	\$ 12	\$ 10	\$ 2	20.0%	\$ 12
Activity Fee-Batten	\$ 36	\$ -	0.0%	\$ 36	\$ 36	\$ -	0.0%	\$ 36
Activity Fee-Darden	\$ 56	\$ -	0.0%	\$ 56	\$ 56	\$ -	0.0%	\$ 56
Activity Fee-Data Science	\$ 60	\$ -	0.0%	\$ 60	\$ 60	\$ -	0.0%	\$ 60
Activity Fee-Education & Human Development	\$ 20	\$ -	0.0%	\$ 20	\$ 20	\$ -	0.0%	\$ 20
Activity Fee-Engineering	\$ 20	\$ -	0.0%	\$ 20	\$ 20	\$ -	0.0%	\$ 20
Activity Fee-Law	\$ 40	\$ -	0.0%	\$ 40	\$ 40	\$ -	0.0%	\$ 40
Activity Fee-McIntire Undergraduate	\$ 86	\$ -	0.0%	\$ 86	\$ 86	\$ -	0.0%	\$ 86
Activity Fee-McIntire Graduate	\$ 100	\$ -	0.0%	\$ 100	\$ 100	\$ -	0.0%	\$ 100
Activity Fee-Medicine	\$ 52	\$ 26	50.0%	\$ 78	\$ 52	\$ 26	50.0%	\$ 78
Activity Fee-Nursing	\$ 30	\$ -	0.0%	\$ 30	\$ 30	\$ -	0.0%	\$ 30
Application Fees								
Application Fee-Undergraduate	\$ 70	\$ 1	1.4%	\$ 71	\$ 70	\$ 1	1.4%	\$ 71
Application Fee-Architecture	\$ 80	\$ -	0.0%	\$ 80	\$ 80	\$ -	0.0%	\$ 80
Application Fee-Arts & Sciences Graduate	\$ 85	\$ -	0.0%	\$ 85	\$ 85	\$ -	0.0%	\$ 85
Application Fee-Batten Undergraduate	\$ 75	\$ -	0.0%	\$ 75	\$ 75	\$ -	0.0%	\$ 75
Application Fee-Batten Graduate	\$ 75	\$ -	0.0%	\$ 75	\$ 75	\$ -	0.0%	\$ 75
Application Fee-Darden non-PhD	\$ 250	\$ -	0.0%	\$ 250	\$ 250	\$ -	0.0%	\$ 250
Application Fee-Darden PhD	\$ 100	\$ -	0.0%	\$ 100	\$ 100	\$ -	0.0%	\$ 100
Application Fee-Data Science	\$ 85	\$ -	0.0%	\$ 85	\$ 85	\$ -	0.0%	\$ 85
Application Fee-Education & Human Development	\$ 85	\$ (20)	-23.5%	\$ 65	\$ 85	\$ (20)	-23.5%	\$ 65
Application Fee-Engineering Graduate	\$ 85	\$ (85)	-100.0%	\$ -	\$ 85	\$ (85)	-100.0%	\$ -
Application Fee-Law	\$ 85	\$ -	0.0%	\$ 85	\$ 85	\$ -	0.0%	\$ 85
Application Fee-McIntire Undergraduate	\$ 75	\$ -	0.0%	\$ 75	\$ 75	\$ -	0.0%	\$ 75
Application Fee-McIntire Graduate	\$ 85	\$ -	0.0%	\$ 85	\$ 85	\$ -	0.0%	\$ 85
Application Fee-Medicine	\$ 80	\$ -	0.0%	\$ 80	\$ 80	\$ -	0.0%	\$ 80
Application Fee-Nursing	\$ 88	\$ -	0.0%	\$ 88	\$ 88	\$ -	0.0%	\$ 88
Application Fee-SCPS	\$ 70	\$ -	0.0%	\$ 70	\$ 70	\$ -	0.0%	\$ 70
Application Fee-International Study	\$ 90	\$ -	0.0%	\$ 90	\$ 90	\$ -	0.0%	\$ 90
Other Fees								
School of Architecture Design Technology Fee (BS, MAR, LAND MLAR)	\$ 600	\$ -	0.0%	\$ 600	\$ 600	\$ -	0.0%	\$ 600
School of Architecture Design Technology Fee (PLAN BUEP, PLAN MUEP, UNDA ARU)	\$ 150	\$ -	0.0%	\$ 150	\$ 150	\$ -	0.0%	\$ 150
Music Lessons	\$ 850	\$ 15	1.8%	\$ 865	\$ 850	\$ 15	1.8%	\$ 865
Residential College-French	\$ 102	\$ 2	2.0%	\$ 104	\$ 102	\$ 2	2.0%	\$ 104
Residential College-Spanish	\$ 102	\$ 2	2.0%	\$ 104	\$ 102	\$ 2	2.0%	\$ 104
Residential College-Monroe	\$ 102	\$ 2	2.0%	\$ 104	\$ 102	\$ 2	2.0%	\$ 104
Residential College-Brown	\$ 120	\$ -	0.0%	\$ 120	\$ 120	\$ -	0.0%	\$ 120
Residential College-Hereford	\$ 120	\$ -	0.0%	\$ 120	\$ 120	\$ -	0.0%	\$ 120
Residential College-International	\$ 220	\$ -	0.0%	\$ 220	\$ 220	\$ -	0.0%	\$ 220
Orientation Fee-1st Year students	\$ 225	\$ 7	3.1%	\$ 232	\$ 225	\$ 7	3.1%	\$ 232
Orientation Fee-transferring students	\$ 137	\$ 4	2.9%	\$ 141	\$ 137	\$ 4	2.9%	\$ 141
M.S. in MIT, Optional Independent Study (per credit hour)	\$ 1,570	\$ 62	3.9%	\$ 1,632	\$ 1,570	\$ 62	3.9%	\$ 1,632
Clinical Services Fee - Medicine	\$ 196	\$ 4	2.0%	\$ 200	\$ 196	\$ 4	2.0%	\$ 200
Clinical Services Fee - Nursing BSN	\$ 308	\$ 20	6.5%	\$ 328	\$ 308	\$ 20	6.5%	\$ 328
Clinical Services Fee - Accelerated BSN	\$ 610	\$ 20	3.3%	\$ 630	\$ 610	\$ 20	3.3%	\$ 630
Nursing Laboratory Fee (per credit hour)	\$ 100	\$ -	0.0%	\$ 100	\$ 100	\$ -	0.0%	\$ 100
Continuous Enrollment/Affiliated Status Fee (per term)	\$ 211	\$ 6	2.8%	\$ 217	\$ 211	\$ 6	2.8%	\$ 217
Darden-Leadership Residency Course Fee	\$ 2,300	\$ -	0.0%	\$ 2,300	\$ 2,300	\$ -	0.0%	\$ 2,300
Darden-Global Residency Course Fee	\$ 5,000	\$ -	0.0%	\$ 5,000	\$ 5,000	\$ -	0.0%	\$ 5,000
Continuing Education Units (per credit hour) (SCPS)	\$ 50	\$ -	0.0%	\$ 50	\$ 50	\$ -	0.0%	\$ 50

	In State				Out Of State			
	2023-24 Approved	Increase	%	2025-26 Proposed	2023-24 Approved	Increase	%	2025-26 Proposed
Other Fees (continued)								
Natl Criminal Justice Command College Full-Time, Off-Grounds Fee	\$ 135	\$ -	0.0%	\$ 135	\$ 135	\$ -	0.0%	\$ 135
International Student Fee (per term)	\$ 100	\$ 20	20.0%	\$ 120	\$ 100	\$ 20	20.0%	\$ 120
Study Abroad Administrative Fee (for students attending non-UVA programs; per term)	\$ 500	\$ -	0.0%	\$ 500	\$ 500	\$ -	0.0%	\$ 500
Summer Language Institute Fee	\$ 60	\$ -	0.0%	\$ 60	\$ 60	\$ -	0.0%	\$ 60
Comprehensive Fees								
SOM Inova Comprehensive Fee - Regular Session	\$ 3,428	\$ 144	4.2%	\$ 3,572	\$ 4,110	\$ 144	3.5%	\$ 4,254

8. 2024-2026 RATES FOR COLLEGE AT WISE TUITION AND REQUIRED FEES
(approved by the Finance Committee on December 8, 2023)

WHEREAS, the Board seeks to keep tuition and fee rates at an affordable level while continuing to meet 100% of financial need to invest in recruiting and retaining excellent faculty and instructional delivery;

RESOLVED, rates for the College at Wise tuition and fees are approved as shown below, effective July 1, 2024, and July 1, 2025; and

RESOLVED FURTHER, these rates were developed assuming 2024-2025 and 2025-2026 unrestricted state appropriation at or above the level included in the 2022-2024 Appropriation Act. Additionally, these rates assume a Higher Education Price Index (HEPI) at or around 4.4%. If either the unrestricted state appropriation or HEPI is substantially different, adjustments to these tuition rates may be proposed; and

RESOLVED FURTHER, the Executive Vice President and Chief Operating Officer, with the concurrence of the Chancellor of the University's College at Wise, is authorized to approve reduced tuition rates for non-residents in accordance with Section 23-507 of the Code of Virginia.

	In State							Out Of State						
	2023-24 Approved	Increase	%	2024-25 Proposed	Increase	%	2025-26 Proposed	2023-24 Approved	Increase	%	2024-25 Proposed	Increase	%	2025-26 Proposed
Undergraduate Programs (Full-time students with 12 hours or more per semester)														
Tuition	\$ 6,160	\$ -	0.0%	\$ 6,160	\$ -	0.0%	\$ 6,160	\$ 26,182	\$ (4,520)	-17.3%	\$ 21,662	\$ -	0.0%	\$ 21,662
E&G Fees	\$ 188	\$ -	0.0%	\$ 188	\$ -	0.0%	\$ 188	\$ 916	\$ -	0.0%	\$ 916	\$ -	0.0%	\$ 916
Auxiliary Fees	\$ 5,432	\$ -	0.0%	\$ 5,432	\$ -	0.0%	\$ 5,432	\$ 5,432	\$ -	0.0%	\$ 5,432	\$ -	0.0%	\$ 5,432
Part-Time Undergraduate Charges (Less than 12 hours per semester)¹														
Tuition Per Hour	\$ 263	\$ -	0.0%	\$ 263	\$ -	0.0%	\$ 263	\$ 1,075	\$ -	0.0%	\$ 1,075	\$ -	0.0%	\$ 1,075
E&G Fees Per Hour (1-11 hours per semester)	\$ 3	\$ -	0.0%	\$ 3	\$ -	0.0%	\$ 3	\$ 23	\$ -	0.0%	\$ 23	\$ -	0.0%	\$ 23
Auxiliary Fees Per Hour (1-11 hours per semester)	\$ 172	\$ -	0.0%	\$ 172	\$ -	0.0%	\$ 172	\$ 172	\$ -	0.0%	\$ 172	\$ -	0.0%	\$ 172
E&G Fee Flat Rate (7-11 hours per semester)	\$ 41	\$ -	0.0%	\$ 41	\$ -	0.0%	\$ 41	\$ 42	\$ -	0.0%	\$ 42	\$ -	0.0%	\$ 42
Off-Campus Undergraduate Charges														
Off-Campus Tuition per hour	\$ 263	\$ -	0.0%	\$ 263	\$ -	0.0%	\$ 263	\$ 1,075	\$ -	0.0%	\$ 1,075	\$ -	0.0%	\$ 1,075
Off-Campus E&G Fees Per Hour (1-11 hours per semester)	\$ 3	\$ -	0.0%	\$ 3	\$ -	0.0%	\$ 3	\$ 23	\$ -	0.0%	\$ 23	\$ -	0.0%	\$ 23
Off-Campus Auxiliary Fees Per Hour (1-11 hours per semester)	\$ 5	\$ -	0.0%	\$ 5	\$ -	0.0%	\$ 5	\$ 5	\$ -	0.0%	\$ 5	\$ -	0.0%	\$ 5
Off-Campus E&G Fee Flat Rate (7-11 hours per semester)	\$ 41	\$ -	0.0%	\$ 41	\$ -	0.0%	\$ 41	\$ 42	\$ -	0.0%	\$ 42	\$ -	0.0%	\$ 42
K-12 Educators, Licensure (per credit hour) ²	\$ 224	\$ -	0.0%	\$ 224	\$ -	0.0%	\$ 224	\$ 224	\$ -	0.0%	\$ 224	\$ -	0.0%	\$ 224
K-12 Educators, Recertification (per credit hour) ²	\$ 133	\$ -	0.0%	\$ 133	\$ -	0.0%	\$ 133	\$ 133	\$ -	0.0%	\$ 133	\$ -	0.0%	\$ 133
¹ Additional rates apply for students taking more than 18 credit hours per semester														
² New Rates Established for UVA Wise Center for Teaching Excellence														

9. FACULTY AND STAFF HOUSING RATES FOR 2024-2025
(approved by the Finance Committee on December 8, 2023)

RESOLVED, faculty and staff housing rates are approved, as shown below, effective July 1, 2024. Should a property be vacated during the year, the Executive Vice President and Chief Operating Officer, or designee, is authorized to increase the rates to market level.

	2023-24			2024-25	Utilities
	Rent	Increase	Percent	Rent	Paid By
<u>Sundry Properties</u>	<u>Per Month</u>	<u>Amount</u>	<u>Increase</u>	<u>Per Month</u>	<u>Occupant</u>
Vyssotsky Cottage (3BR)	\$1,660	\$90	5.42%	\$1,750	C,V
McGuffey Cottage (Eff)(F)	\$860	\$50	5.81%	\$910	C,V
Upper Mews (1BR)(F)	\$1,060	\$60	5.66%	\$1,120	C,V
Lower Mews (1BR)(F)	\$1,040	\$60	5.77%	\$1,100	C,V

	2023-24 Rent Per Month	Increase Amount	Percent Increase	2024-25 Rent Per Month	Utilities Paid By Occupant
<u>Sundry Properties (continued)</u>					
Monroe Hill Range (1BR)	\$1,470	\$80	5.44%	\$1,550	C,V
Brown College Apts. (2BR)(2)	\$1,180	\$60	5.08%	\$1,240	C,V
Hereford Coll. Apts. (2BR)(2)	\$1,310	\$70	5.34%	\$1,380	C,V
Hereford Coll. Principal Res. (3BR)	\$1,960	\$110	5.61%	\$2,070	C,V
118 Oakhurst, Upper (2BR)	\$1,330	\$70	5.26%	\$1,400	C,V
118 Oakhurst, Lower (2BR)	\$1,460	\$80	5.48%	\$1,540	C,V
424 Shea House (1BR)	\$1,130	\$60	5.31%	\$1,190	C,V
423 Shea House (2BR)	\$1,360	\$70	5.15%	\$1,430	C,V
004 Yen (1BR)	\$1,020	\$60	5.88%	\$1,080	C,V
<u>E & G Properties</u>					
Montebello (3BR)	\$1,910	\$110	5.76%	\$2,020	C,T
Big Morea (4BR)	\$1,900	\$110	5.79%	\$2,010	C
Little Morea (2BR)	\$1,480	\$90	6.08%	\$1,570	C
Sunnyside (3BR)	\$2,430	\$150	6.17%	\$2,580	C,D,V
Monroe Hill House (3BR)	\$1,970	\$120	6.09%	\$2,090	C
Sprigg Lane House (6BR)	\$4,080	\$240	5.88%	\$4,320	C
Pavilion I (3BR)	\$2,240	\$90	4.02%	\$2,330	C
Pavilion II (3BR)	\$2,370	\$90	3.80%	\$2,460	C
Pavilion III (3BR)	\$2,090	\$130	6.22%	\$2,220	C
Pavilion IV (3BR)	\$1,550	\$90	5.81%	\$1,640	C
Pavilion V (5BR)	\$2,340	\$90	3.85%	\$2,430	C
Pavilion VI (4BR)	\$2,150	\$90	4.19%	\$2,240	C
Pavilion VIII Upper (3BR)	\$1,540	\$90	5.84%	\$1,630	C
Pavilion VIII Lower (1BR)	\$880	\$50	5.68%	\$930	C
Pavilion IX (3BR)	\$1,970	\$120	6.09%	\$2,090	C
Pavilion X (4BR)	\$2,640	\$110	4.17%	\$2,750	C
<u>College of Arts and Sciences Properties</u>					
Fan Mountain (2BR)	\$1,040	\$60	5.77%	\$1,100	C,T
Notes:					
F (furnished)					
Utility abbreviations are as follows: C (cable TV), D (data), T (trash), V (voice)					

10. STUDENT HOUSING RATES FOR 2024-2025 FOR THE ACADEMIC DIVISION, THE UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE, AND THE MOUNTAIN LAKE BIOLOGICAL STATION

(approved by the Finance Committee on December 8, 2023)

RESOLVED, rental increases for student housing facilities be approved as shown below:

<u>HOUSING RATES</u>	<u>Actual 2023-2024 Per Student Per Session</u>	<u>Amount Increase</u>	<u>Percent Increase</u>	<u>Proposed 2024-2025 Per Student Per Session</u>
<u>ACADEMIC DIVISION</u>				
<u>FIRST-YEAR HOUSING</u>				
Alderman, McCormick, Gooch/Dillard, Hereford College, Brown College, and the International Residential College, first-year rooms	\$7,470	\$410	5.49%	\$7,880
<u>UPPER-CLASS HOUSING</u>				
Lawn Single Room	\$8,370	\$460	5.50%	\$8,830
Brown Residential College Single Room	\$8,610	\$470	5.46%	\$9,080
International Residential College (Munford/Gwathmey and Yen/Hoxton)				
Double Room	\$7,520	\$410	5.45%	\$7,930
Single Room	\$8,610	\$470	5.46%	\$9,080
Single Room (w/bath)	\$9,040	\$500	5.53%	\$9,540
Hereford Residential College				
Double Room	\$7,520	\$410	5.45%	\$7,930
Single Room	\$8,120	\$450	5.54%	\$8,570
Upperclass Apartments and Language Houses (French, Spanish, Shea)				
Double Room	\$8,050	\$440	5.47%	\$8,490
Single Room	\$9,040	\$500	5.53%	\$9,540
<u>GRADUATE HOUSING</u>				
Range and Crackerbox Single Room	\$8,370	\$460	5.50%	\$8,830

<u>ACADEMIC DIVISION (continued)</u>	Actual 2023-2024 Per Month	Amount Increase	Percent Increase	Proposed 2024-2025 Per Month
<u>GRADUATE HOUSING (continued)</u>				
Faulkner Graduate Housing One Bedroom (furnished)	\$730	\$40	5.48%	\$770
Graduate Apartments				
Copeley Hill I & II (Unit Rental)				
One Bedroom (furnished)	\$1,010	\$60	5.94%	\$1,070
One Bedroom (unfurnished)	\$980	\$50	5.10%	\$1,030
Two Bedroom (furnished)	\$1,240	\$70	5.65%	\$1,310
Two Bedroom (unfurnished)	\$1,200	\$70	5.83%	\$1,270
Three Bedroom (unfurnished)	\$1,430	\$80	5.59%	\$1,510
Copeley Hill I & II (Shared Rental-Per Student)				
Two Bedroom (furnished)	\$730	\$40	5.48%	\$770
Three Bedroom (furnished)	\$690	\$40	5.80%	\$730

<u>HOUSING RATES</u>	Actual 2023-2024 Per Student Per Session	Amount Increase	Percent Increase	Proposed 2024-2025 Per Student Per Session
<u>UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE</u>				
Double Room Rate Asbury, Culbertson, Henson, McCraray, Randolph, Still, Thompson	\$7,058	\$141	2.00%	\$7,199
Single Room Surcharge	\$800	\$0	0.00%	\$800

<u>SUMMER HOUSING RATES</u>	Actual Summer 2023	Amount Increase	Percent Increase	Proposed Summer 2024
<u>ACADEMIC DIVISION (per person, per night)</u>				
Double occupancy	\$31	\$2	6.45%	\$33
Single occupancy	\$39	\$2	5.13%	\$41
<u>UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE</u>				
Summer Rate Per Term	\$573	\$11	1.92%	\$584
<u>MOUNTAIN LAKE BIOLOGICAL STATION HOUSING (per person, per night)</u>	Approved Summer 2024	Amount Increase	Percent Increase	Revised Summer 2024
Dormitories	\$9.50	\$0.50	5.26%	\$10.00
Cabins/Apartments	\$12.75	\$0.25	1.96%	\$13.00

11. CONTRACT RATES FOR DINING SERVICES FOR 2024-25 FOR THE ACADEMIC DIVISION AND THE UNIVERSITY OF VIRGINIA'S COLLEGE AT WISE AND MOUNTAIN LAKE BIOLOGICAL STATION
(approved by the Finance Committee on December 8, 2023)

RESOLVED, the student contract rates for dining services are approved as shown below, effective beginning with the 2024-2025 session:

<u>Academic Division</u>		<u>Actual 2023-2024</u>	<u>Amount of Increase</u>	<u>Percent Increase</u>	<u>Proposed 2024-2025</u>
<u>Regular Meal Plans (1)</u>					
All Access:	with \$800 Flex Dollars	\$6,670	\$460	6.90%	\$7,130
	with \$600 Flex Dollars	\$6,470	\$450	6.96%	\$6,920
	with \$300 Flex Dollars	\$6,170	\$430	6.97%	\$6,600
Semester 160:	with \$1,000 Flex Dollars	\$4,080	\$290	7.11%	\$4,370
	with \$800 Flex Dollars	\$3,880	\$280	7.22%	\$4,160
	with \$600 Flex Dollars	\$3,680	\$260	7.07%	\$3,940
Semester 100:	with \$1,000 Flex Dollars	\$3,100	\$220	7.10%	\$3,320
	with \$800 Flex Dollars	\$2,900	\$210	7.24%	\$3,110
	with \$600 Flex Dollars	\$2,700	\$190	7.04%	\$2,890
Semester 50:	with \$1,000 Flex Dollars	\$2,200	\$150	6.82%	\$2,350
	with \$800 Flex Dollars	\$2,000	\$130	6.50%	\$2,130
	with \$600 Flex Dollars	\$1,800	\$120	6.67%	\$1,920
<u>Residential College & Athletic Meal Plans</u>					
All Regular Meal Plans are available for a \$150 premium to accommodate special programmatic meal offerings for both the Residential Colleges and the Athletic program.					
<u>Other Meal Plans (1,2,3)</u>					
Resident Advisor	with \$420 Flex Dollars	\$3,150	\$200	6.35%	\$3,350
Semester 140:					
Darden:	Minimum \$200 Meal Plan	\$200	\$0	0.00%	\$200
Faculty Staff:	15 Meals	\$120	\$5	4.17%	\$125
Other Per Semester:	Add-On 25 Meals w/ \$35 Flex Dollars	\$310	\$30	9.68%	\$340
	Exam Pack Ten w/ \$20 Flex Dollars	\$125	\$5	4.00%	\$130
<u>Summer Session Meal Plan Rates (1)</u>		<u>Actual Summer 2023</u>	<u>Amount Increase</u>	<u>Percent Increase</u>	<u>Proposed Summer 2024</u>
60 Meals with \$120 Flex Dollars		\$700	\$30	4.29%	\$730
40 Meals with \$60 Flex Dollars		\$480	\$20	4.17%	\$500
20 Meals with \$20 Flex Dollars		\$240	\$10	4.17%	\$250
<p>(1) Flex Dollars are credited to a student's identification card and may be used in the same manner as cash at any board dining hall and/or retail operation.</p> <p>(2) Add-On 25 meals is available to all Semester meal plan holders and may be purchased any time during the academic year.</p> <p>(3) Plan offered by Darden School provider as an option for Darden students.</p>					

<u>The University of Virginia's College at Wise</u>	<u>Actual 2023-2024</u>	<u>Amount Increase</u>	<u>Percent Increase</u>	<u>Proposed 2024-2025</u>
<u>Residential Student Meal Plans</u>				
Unlimited Meals & 50 Retail Swipes/Semester (per academic year)	\$5,299	\$318	6.00%	\$5,617
175 Meals & \$50/Semester (per academic year)	\$5,299	\$318	6.00%	\$5,617
<u>Commuter Student Block Plans</u>				
80 Meals (per academic year)	\$619	\$37	5.98%	\$656
50 Meals (per academic year)	\$407	\$25	6.14%	\$432
25 Meals (per academic year)	\$213	\$13	6.10%	\$226
<u>Faculty and Staff Plan</u>				
20 Meals (per semester)	\$138	\$9	6.52%	\$147

<u>Mountain Lake Biological Station</u>	<u>Approved Daily 2024</u>	<u>Amount Increase</u>	<u>Percent Increase</u>	<u>Propose Revised Daily 2024</u>
Adult	\$31.25	\$13.75	44.00%	\$45.00
Children 13 & older	\$30.25	\$4.75	15.70%	\$35.00
Children 3 to 12	\$17.00	-\$17.00	-100.00%	\$0.00
Children 2 & under	\$0.00	\$0.00	0.00%	\$0.00

12. **AUTHORIZATION OF ACTIONS IN FURTHERANCE OF ACQUISITION OF AMBULATORY FACILITY**

WHEREAS, UVA Community Health, Inc., a wholly owned subsidiary of The Rector and Visitors of the University of Virginia (University of Virginia), desires to explore the purchase of an ambulatory facility; and

WHEREAS, the University of Virginia and UVA Community Health, Inc. have determined that it would be in the best interest of UVA Community Health, Inc. and the surrounding community for UVA Community Health, Inc. to acquire the ambulatory facility upon completion of necessary due diligence and other conditions;

RESOLVED, the Board of Visitors of the University of Virginia authorizes the Rector, the Chair of the Health System Board, the Chair of the Finance Committee, and the Executive Vice President and Chief Operating Officer and their designees, upon recommendation and presentation of an approved business plan, multi-year financial plan, and outline of the risks of the acquisition and mitigations of such risks by the Chief Operating Officer of UVA Community Health, Inc., the Executive Vice President and Chief Operating Officer of UVA Health, and the Chief Financial Officer of UVA Health, to take all actions necessary to approve UVA Community Health, Inc.'s purchase of the ambulatory facility upon successful completion of due diligence and all other conditions precedent to closing and under substantially the same terms of that Real Estate Purchase and Sale Agreement dated November 8, 2023, including to execute all deeds, documents, and agreements deemed necessary and appropriate to approve and consummate the foregoing, to approve such reasonable and customary expenses, if any, as may have been or may be incurred by UVA, and to take such other actions as are

deemed necessary and appropriate in connection with the foregoing, all on behalf of the University of Virginia, UVA Community Health, Inc., UVA Health Prince William Medical Center, and/or any other controlled affiliate of UVA Community Health, Inc., as applicable.

13. AUTHORIZATION OF ACTIONS IN FURTHERANCE OF ACQUISITION OF PHYSICIAN GROUP

WHEREAS, UVA Community Health, Inc., a wholly owned subsidiary of The Rector and Visitors of the University of Virginia (University of Virginia), desires to explore the acquisition of a physician group located in its market; and

WHEREAS, the University of Virginia and UVA Community Health, Inc. have determined that it would be in the best interest of UVA Community Health, Inc. for it to acquire the physician group upon completion of necessary due diligence, entry into a purchase agreement, and other conditions;

RESOLVED, the Board of Visitors of the University of Virginia authorizes the Rector, the Chair of the Health System Board, the Chair of the Finance Committee, and the Executive Vice President and Chief Operating Officer and their designees, upon recommendation and presentation of an approved business plan, multi-year financial plan, and outline of the risks of the acquisition and mitigations of such risks by the Chief Operating Officer of UVA Community Health, Inc., the Executive Vice President and Chief Operating Officer of UVA Health, and the Chief Financial Officer of UVA Health, to take all actions necessary to approve UVA Community Health, Inc.'s purchase of the targeted physician group upon successful completion of due diligence, entry into an approved purchase agreement, and all other conditions precedent to closing under the terms of that agreement, including to execute all deeds, documents, and agreements deemed necessary and appropriate to approve and consummate the foregoing, to approve such reasonable and customary expenses, if any, as may have been or may be incurred by UVA, and to take such other actions as are deemed necessary and appropriate in connection with the foregoing, all on behalf of the University of Virginia, UVA Community Health, Inc., and/or any other controlled affiliate of UVA Community Health, Inc., as applicable.

Personnel Actions

Personnel Actions Approved by the Board of Visitors

UNIVERSITY OF VIRGINIA

1. ELECTIONS

RESOLVED, the following persons are elected to the faculty:

Mr. David J. P. Acunzo, as Assistant Professor of Psychiatry and Neurobehavioral Sciences, for the period November 1, 2023 through June 30, 2026, at an annual salary of \$90,000.

Mr. Terry Allen, as Research Assistant Professor of Law, effective July 1, 2023, for two years, at an annual salary of \$70,000.

Ms. Stefanie R. Bailey, as Assistant Professor of Pediatrics, for the period September 1, 2023 through June 30, 2027, at an annual salary of \$120,000.

Mr. Sameer S. Bajikar, as Assistant Professor of Cell Biology and Biomedical Engineering, effective January 1, 2024, for three years, at an annual salary of \$118,500.

Mr. Alexander Bick, as Associate Professor of Practice in Public Policy, for the period December 25, 2023 through May 24, 2026, at an academic year salary of \$180,000.

Ms. Nicole Bonino, as Assistant Professor of Spanish, Italian and Portuguese, General Faculty, effective August 25, 2023, for one academic year, at an academic year salary of \$53,000.

Dr. Tracy M. Borsinger, as Assistant Professor of Orthopaedic Surgery, for the period September 18, 2023 through June 30, 2026, at an annual salary of \$100,000.

Ms. Danielle S. Charette, as Assistant Professor of Politics, General Faculty, effective August 25, 2023, for three years, at an annual salary of \$82,000.

Mr. Heze Chen, as Assistant Professor of Applied Mathematics, General Faculty, for the period July 25, 2023 through May 24, 2026, at an academic year salary of \$70,000.

Mr. Frederick Cheng, as Assistant Professor of Environmental Sciences, for the period January 10, 2024 through May 24, 2028, at an academic year salary of \$98,000.

Dr. Pooja R. Choudhari, as Assistant Professor of Pediatrics, for the period October 1, 2023 through June 30, 2026, at an annual salary of \$100,000.

Ms. Danielle R. Cook, as Research Assistant Professor of Medicine, for the period October 1, 2023 through June 30, 2026, at an annual salary of \$122,000.

Ms. Lauren R. Cummings, as Assistant Professor of Practice in Data Science, effective August 25, 2023, for two years, at an annual salary of \$121,600.

Mr. Kallesh Danappa Jayappa, as Research Assistant Professor of Medicine, for the period August 1, 2023 through June 30, 2026, at an annual salary of \$114,000.

Mr. Mamadou Dia, as Assistant Professor of French and Media Studies, effective August 25, 2023, for four academic years, at an academic year salary of \$95,000.

Ms. Lauren E. Ehrlich, as Assistant Professor of Psychiatry and Neurobehavioral Sciences, for the period October 18, 2023 through June 30, 2026, at an annual salary of \$100,000.

Mr. Matheus V. X. Ferreira, as Assistant Professor of Computer Science, effective August 25, 2024, for three academic years, at an academic year salary of \$145,000.

Mr. Jason L. Forman, as Research Associate Professor of Mechanical and Aerospace Engineering, effective August 25, 2023, for three academic years, at an academic year salary of \$117,000.

Ms. Virginia T. Gallagher, as Research Assistant Professor of Neurology, for the period October 2, 2023 through June 30, 2026, at an annual salary of \$115,000.

Mr. Douglas P. Garland, as Professor of Practice in Systems and Information Engineering, effective August 25, 2023, for two academic years, at an academic year salary of \$153,000.

Ms. Adrienne V. Ghaly, as Assistant Professor of English, effective August 25, 2023, for four academic years, at an academic year salary of \$85,000.

Dr. Sukhdeep K. Grewal, as Assistant Professor of Radiology and Medical Imaging, for the period September 1, 2023 through June 30, 2026, at an annual salary of \$100,000.

Ms. Rebecca D. Grouchy, as Assistant Professor of Physics, General Faculty, effective August 25, 2023, for one academic year, at an academic year salary of \$65,000.

Mr. Christoph Herpfer, as Assistant Professor of Business Administration, effective August 25, 2023, for four academic years, at an academic year salary of \$260,000.

Dr. Benjamin Hughes, as Assistant Professor of Plastic Surgery, Maxillofacial & Oral Health, effective December 1, 2023, for three years, at an annual salary of \$100,000.

Dr. Tyler J. Johnson, as Assistant Professor of Anesthesiology, effective September 1, 2023, for one year, at an annual salary of \$100,000.

Ms. Katja Kasimatis, as Assistant Professor of Biology, for the period January 10, 2024 through May 24, 2028, at an academic year salary of \$93,000.

Dr. Nicholas H. Kidd, as Assistant Professor of Family Medicine, for the period August 28, 2023 through June 30, 2026, at an annual salary of \$100,000.

Ms. Brianna A. Kurtz, as Assistant Professor of Mathematics, General Faculty, effective August 25, 2023, for one academic year, at an academic year salary of \$68,000.

Ms. Polina Landgraf, as Assistant Professor of Commerce, General Faculty, effective August 25, 2023, for three academic years, at an academic year salary of \$120,000.

Ms. Theresa A. Lansdell, as Research Assistant Professor of Molecular Physiology and Biological Physics, for the period January 15, 2024 through June 30, 2027, at an annual salary of \$85,000.

Dr. Linglei Ma, as Professor of Pathology, effective October 1, 2023, for three years, at an annual salary of \$100,000.

Mr. Timothy D. Martin, as Assistant Professor of Pharmacology, for the period January 1, 2024 through June 30, 2027, at an annual salary of \$120,000.

Mr. Matthew McMillan, as Assistant Professor of Mathematics, General Faculty, effective August 25, 2023, for one academic year, at an academic year salary of \$68,000.

Ms. Lauren A. McQuiston, as Assistant Professor of Architecture, General Faculty, effective August 25, 2023, for one academic year, at an academic year salary of \$62,000.

Mr. Yu Meng, as Assistant Professor of Computer Science, for the period January 1, 2024 through May 24, 2027, at an academic year salary of \$140,000.

Dr. Avery Michienzi, as Assistant Professor of Emergency Medicine, for the period October 1, 2023 through June 30, 2026, at an annual salary of \$100,000.

[t] Mr. Joshua Miller, as Associate Professor of English, effective August 25, 2023, at an academic year salary of \$117,000.

Ms. Helen H. Min, as Research Assistant Professor of Law, effective August 14, 2023, for two years, at an annual salary of \$70,000.

Dr. Madhusmita Misra, as Professor of Pediatrics, for the period December 1, 2023 through June 30, 2028, at an annual salary of \$100,000.

Dr. Iyabo O. Muse, as Associate Professor of Anesthesiology, effective December 1, 2023, for one year, at an annual salary of \$100,000.

Dr. Marjorie A. Olivari, as Assistant Professor of Family Medicine, effective October 23, 2023, for three years, at an annual salary of \$100,000.

Mr. Kun Qian, as Assistant Professor of Computer Science, for the period January 1, 2024 through May 24, 2027, at an academic year salary of \$145,000.

Ms. Peiyong Qu, as Professor of Statistics, effective January 10, 2025, for five academic years, at an academic year salary of \$245,000.

Dr. Sara N. Raiser, as Assistant Professor of Physical Medicine and Rehabilitation, effective November 1, 2023, for three years, at an annual salary of \$100,000.

Mr. Aaron S. Reuben, as Assistant Professor of Psychology, for the period January 10, 2025 through May 24, 2029, at an academic year salary of \$96,000.

Dr. Natalie Reynolds, as Assistant Professor of Emergency Medicine, for the period October 16, 2023 through September 30, 2026, at an annual salary of \$100,000.

Mr. Ohad Reznick, as Assistant Professor of Middle Eastern & South Asian Languages & Cultures, General Faculty, effective August 25, 2023, for one academic year, at an academic year salary of \$53,000.

Dr. Jessica H. Row, as Assistant Professor of Family Medicine, effective August 28, 2023, for three years, at an annual salary of \$100,000.

Ms. Esra Sarioğlu, as Assistant Professor of Sociology, for the period January 10, 2024 through May 24, 2028, at an academic year salary of \$93,000.

Dr. Summer Scavone, as Assistant Professor of Family Medicine, effective October 9, 2023, for three years, at an annual salary of \$100,000.

Mr. Drew R. Schield, as Assistant Professor of Biology, for the period January 10, 2024 through May 24, 2028, at an academic year salary of \$93,000.

Dr. Patricia C. Scrivani, as Assistant Professor of Obstetrics and Gynecology, effective August 28, 2023, for three years, at an annual salary of \$100,000.

Dr. Amanda K. Silva, as Associate Professor of Plastic Surgery, Maxillofacial & Oral Health, for the period December 1, 2023 through June 30, 2027, at an annual salary of \$100,000.

Ms. Mona Sloane, as Assistant Professor of Media Studies and Data Science, for the period September 1, 2023 through May 24, 2027, at an academic year salary of \$123,000.

Ms. Alexandria N. Smith, as Assistant Professor of African American and African Studies, effective August 25, 2023, for four academic years, at an academic year salary of \$87,000.

[t] Dr. Heather S. Spader, as Associate Professor of Neurosurgery, effective August 29, 2023, at an annual salary of \$100,000.

Ms. Madelyn C. Stuart, as Assistant Professor of Slavic Languages and Literatures, General Faculty, effective August 25, 2023, for three academic years, at an academic year salary of \$53,000.

[t] Mr. Jetze J. Tepe, as Professor of Chemistry, effective January 10, 2024, at an academic year salary of \$183,000.

Ms. Jianghong Tian, as Associate Professor of Engineering, General Faculty, effective August 25, 2023, for three academic years, at an academic year salary of \$110,000.

Ms. Jessica R. Vanecek, as Assistant Professor of Architecture, General Faculty, effective August 25, 2023, for one academic year, at an academic year salary of \$62,000.

Mr. Levi Vonk, as Assistant Professor of Global Studies, General Faculty, effective August 25, 2023, for three academic years, at an academic year salary of \$60,000.

Mr. Qiwei Wang, as Assistant Professor of Microbiology, Immunology, and Cancer Biology, effective January 1, 2024, for three years, at an annual salary of \$120,000.

Mr. Ian C. Wenker, as Assistant Professor of Anesthesiology, effective September 25, 2023, for three years, at an annual salary of \$115,000.

Mr. Ramesh Yadava, as Research Assistant Professor of Pathology, effective December 25, 2022, for three years, at an annual salary of \$73,800.

Ms. Faith A. Zabek, as Research Assistant Professor of Education, effective September 25, 2023, for three years, at an annual salary of \$82,000.

Dr. Lisa C. Zuckerwise, as Associate Professor of Obstetrics and Gynecology, for the period January 1, 2024 through June 30, 2028, at an annual salary of \$100,000.

Ms. Chrisann V. Zuerner, as Assistant Professor of Germanic Languages and Literatures, General Faculty, effective August 25, 2023, for three academic years, at an academic year salary of \$53,000.

2. ACTIONS RELATING TO CHAIRHOLDERS

RESOLVED, the actions relating to the chairholders are approved as shown below:

(a) Elections of Chairholders

[t] Ms. Tamika L. Carey, as Daniels Family Distinguished Teaching Associate Professor of English, effective August 25, 2023, for three years. Ms. Carey will continue as Associate Professor of English, without term.

[t] Mr. Peter M. Debaere, as Tipton R. Snavely Professor of Business Administration, effective December 8, 2023, without term. Mr. Debaere will continue as Professor of Business Administration, without term.

Dr. Brian Halstater, as N. Thomas Connally Professor of Clinical Excellence and Professor of Family Medicine, effective August 14, 2023, for three years, at an annual salary of \$100,000.

Sketch: Rutgers University: B.A., 1991; University of Medicine and Dentistry of New Jersey: M.D., 1995; Associate Professor, Assistant Professor, Duke University: 2004-2023.

[t] Dr. Andrew E. Muck, as Marcus L. Martin Distinguished Professor of Emergency Medicine, effective September 8, 2023, for five years. Dr. Muck will continue as Professor of Emergency Medicine, without term.

Ms. Mara E. Rudman, as James R. Schlesinger Distinguished Professor in the Miller Center and Professor of Practice in the Miller Center, for the period September 25, 2023 through September 30, 2024, at an annual salary of \$205,000.

Sketch: Dartmouth College: B.A., 1984; Harvard University: J.D., 1990; Executive Vice President, Center for American Progress: 2020-2023; Faculty Fellow, Georgetown University: 2017-2023; Senior Vice President, Business Executives for National Security: 2017-2020; Diplomat in Residence, American University: 2016; Principal and Founder, Quorum Strategies: 2013-2017.

(b) Resignation of Chairholder

Ms. Mary M. Frank, John Tyler Professor of Business Administration, effective August 14, 2023.

(c) Retirements of Chairholders

[t] Mr. Roger A. Chevalier, W. H. Vanderbilt Professor of Astronomy, effective January 9, 2024. Mr. Chevalier has been a faculty member since September 1, 1979.

[t] Mr. George Klosko, Henry L. and Grace Doherty Charitable Foundation Professor of Politics, effective May 24, 2024. Mr. Klosko has been a faculty member since September 1, 1983.

[t] Dr. Mark D. Miller, S. Ward Casscells Professor of Orthopaedic Surgery, effective December 24, 2023. Dr. Miller has been a faculty member since August 1, 2000.

Dr. Andrew M.D. Wolf, Harry T. Peters Sr. Professor of Internal Medicine, effective June 30, 2024. Dr. Wolf has been a faculty member since September 13, 1993.

[t] Mr. Philip D. Zelikow, White Burkett Miller Professor of History, effective December 24, 2023. Mr. Zelikow has been a faculty member since June 25, 1998.

3. PROMOTIONS

RESOLVED, the following persons are promoted:

Ms. Chelsea M. Braun, from Research Assistant Professor of Medicine, to Research Associate Professor of Medicine, effective July 1, 2023, for three years.

[t] Dr. Tracy M. Downs, from Professor of Urology, with term, to Professor of Urology, without term, effective July 1, 2021.

[t] Ms. Nitya J. Kallivayalil, from Associate Professor of Astronomy, to Professor of Astronomy, effective January 10, 2024.

[t] Ms. Neslihan M. Martinez, from Professor of Molecular Physiology and Biological Physics, with term, to Professor of Molecular Physiology and Biological Physics, without term, effective February 8, 2023.

[t] Dr. Andrew E. Muck, from Professor of Emergency Medicine, with term, to Professor of Emergency Medicine, without term, effective September 8, 2023.

[t] Ms. Michelle Personick, from Associate Professor of Chemistry, with term, to Associate Professor of Chemistry, without term, effective August 25, 2023.

[t] Mr. Fernando Riva, from Associate Professor of Spanish, Italian and Portuguese, with term, to Associate Professor of Spanish, Italian and Portuguese, without term, effective August 25, 2023.

[t] Ms. Ruby C. Tapia, from Associate Professor of American Studies, with term, to Associate Professor of American Studies, without term, effective August 25, 2023.

[t] Mr. Hua Zhao, from Professor of Public Health Sciences, with term, to Professor of Public Health Sciences, without term, effective June 25, 2023.

4. CHANGES OF TITLES

RESOLVED, the following changes in faculty appointments are approved:

Mr. Todd E. Fox, from Research Associate Professor of Pharmacology, to Research Associate Professor of Medicine, for the period September 2, 2023 through June 30, 2026, at an annual salary of \$125,000.

[t] Ms. Jessica K. Malpass, from Associate Professor of Nursing, to Associate Professor of Pediatrics, effective April 1, 2023, at an annual salary of \$100,000.

Ms. Ines M. Martin Robles, from Associate Professor of Architecture, General Faculty, to Associate Professor of Architecture, effective August 25, 2023, for four academic years, at an academic year salary of \$105,000.

Ms. Meghan Puglia, from Research Assistant Professor of Neurology, to Assistant Professor of Neurology, for the period August 25, 2023 through June 30, 2026, at an annual salary of \$104,800.

[t] Mr. Fernando Valverde Rodriguez, from Assistant Professor of Spanish, Italian and Portuguese, General Faculty, to Associate Professor of Spanish, Italian and Portuguese, effective August 25, 2023, at an academic year salary of \$100,000.

5. RESIGNATIONS

The President announced the following resignations:

Ms. Tatiana Bejarano, Assistant Professor of Radiation Oncology, effective September 15, 2023.

Dr. Corey Cavanaugh, Assistant Professor of Medicine, effective September 1, 2023.

Mr. Patricio H. Colmegna, Research Assistant Professor of Psychiatry and Neurobehavioral Sciences, effective August 30, 2023.

Mr. Mark J. Daniels, Research Assistant Professor of Molecular Physiology and Biological Physics, effective August 1, 2023.

Ms. Kelly Dryden, Research Associate Professor of Molecular Physiology & Biological Physics, effective August 20, 2023.

Dr. Donald A. Elmer, Assistant Professor of Anesthesiology, effective September 24, 2023.

Dr. Michael Hanley, Associate Professor of Radiology and Medical Imaging, effective August 30, 2023.

Ms. Rhonda Jennings-Arey, Assistant Professor of American Sign Language, General Faculty, effective December 24, 2023.

Dr. Su Kim, Assistant Professor of Medicine, effective September 2, 2023.

[t] Dr. Sula Mazimba, Associate Professor of Medicine, effective July 31, 2023.

Ms. Maureen J. Metzger, Assistant Professor of Nursing, effective May 24, 2023.

Dr. Oliver J. Monfredi, Assistant Professor of Medicine, effective August 18, 2023.

Dr. Shyam Raghavan, Assistant Professor of Pathology, effective August 31, 2023.

Mr. Amit A. Shahane, Associate Professor of Psychiatry and Neurobehavioral Sciences, effective August 21, 2023.

Mr. Chauncey D. Smith, Assistant Professor of Education, effective August 25, 2023.

Ms. Cassandra M. Turner, Assistant Professor of Education, General Faculty, effective January 7, 2024.

[t] Mr. Hongning Wang, Associate Professor of Computer Science, effective August 18, 2023.

6. RETIREMENTS

The President announced the following retirements:

[t] Dr. Thomas E. Brown, as Associate Professor of Orthopaedic Surgery, effective January 24, 2024. Dr. Brown has been a faculty member since August 2, 1999.

Dr. Susan E. Kirk, Associate Professor of Medicine, effective November 30, 2023. Dr. Kirk had been a faculty member since July 1, 1995.

[t] Dr. Maria-Beatriz S. Lopes, Professor of Pathology, effective June 30, 2024. Dr. Lopes has been a faculty member since January 1, 1993.

[t] Mr. Worthy N. Martin, Associate Professor of Computer Science, effective December 31, 2023. Mr. Martin has been a faculty member since September 1, 1982.

Dr. George D. Politis, Professor of Anesthesiology, effective September 30, 2023. Dr. Politis had been a faculty member since August 20, 2001.

[t] Mr. Melur K. Ramasubramanian, Professor of Mechanical and Aerospace Engineering, effective November 5, 2023. Mr. Ramasubramanian had been a faculty member since August 1, 2017.

Mr. George W. Sampson, Associate Professor of Art, General Faculty, effective May 24, 2024. Mr. Sampson has been a faculty member since September 1, 1994.

[t] Mr. Thomas M. Smith, Associate Professor of Environmental Sciences, effective December 31, 2023. Mr. Smith has been a faculty member since September 1, 1988.

7. ELECTION OF MR. KENYON R. BONNER AS VICE PRESIDENT AND CHIEF STUDENT AFFAIRS OFFICER

RESOLVED, Mr. Kenyon R. Bonner is elected as Vice President and Chief Student Affairs Officer, for five years, effective January 16, 2024, at an annual salary of \$400,000.

8. RE-ELECTION OF DR. K. CRAIG KENT AS EXECUTIVE VICE PRESIDENT FOR HEALTH AFFAIRS AND CHIEF EXECUTIVE OFFICER, UVA HEALTH

RESOLVED, Dr. K. Craig Kent is re-elected as Executive Vice President for Health Affairs and Chief Executive Officer, UVA Health, for five years, effective February 1, 2025.

9. ELECTION OF PROFESSORS EMERITI

RESOLVED, the following persons are elected Professors Emeriti:

[t] Mr. Roger A. Chevalier, as W. H. Vanderbilt Professor Emeritus of Astronomy, effective January 10, 2024.

[t] Mr. George Klosko, as Henry L. and Grace Doherty Charitable Foundation Professor Emeritus of Politics, effective May 25, 2024.

[t] Dr. Mark D. Miller, as S. Ward Casscells Professor Emeritus of Orthopaedic Surgery, effective December 25, 2023.

Dr. George D. Politis, as Professor Emeritus of Anesthesiology, effective October 1, 2023.

[t] Dr. Paul W. Read, as Professor Emeritus of Radiation Oncology, effective July 1, 2023.

[t] Mr. Philip D. Zelikow, as White Burkett Miller Professor Emeritus of History, effective December 25, 2023.

10. ELECTION OF ASSOCIATE PROFESSORS EMERITI

RESOLVED, the following persons are elected Associate Professors Emeriti:

[t] Dr. Thomas E. Brown, as Associate Professor Emeritus of Orthopaedic Surgery, effective January 25, 2024.

Dr. Susan E. Kirk, as Associate Professor Emerita of Medicine, effective December 1, 2023.

[t] Mr. Worthy N. Martin, as Associate Professor Emeritus of Computer Science, effective January 1, 2024.

[t] Mr. Bradly W. Reed, as Associate Professor Emeritus of History, effective May 25, 2023.

Mr. George W. Sampson, as Associate Professor Emeritus of Art, General Faculty, effective May 25, 2024.

[t] Mr. Thomas M. Smith, as Associate Professor Emeritus of Environmental Sciences, effective January 1, 2024.

11. DEATHS

The President announced the following deaths:

Mr. Anselmo G. Canfora, Associate Professor of Architecture, died October 3, 2023. Mr. Canfora had been a faculty member since August 4, 2004.

Mr. Ronald G. Dimberg, Associate Professor Emeritus of History, died June 2, 2023. Mr. Dimberg was a faculty member from September 1, 1968, until retiring May 24, 2012.

Mr. John W. Glynn Jr., MacAvoy Professor of Business Administration, died July 26, 2023. Mr. Glynn had been a faculty member since August 25, 2003.

Ms. Virginia T. Hart, Assistant Professor of Nursing, General Faculty, died August 23, 2023. Ms. Hart had been a faculty member since August 10, 2021.

Dr. Howard C. Malpass III, Associate Professor of Medicine, died September 14, 2023. Dr. Malpass had been a faculty member since July 1, 2013.

Mr. J. James Murray Jr., Samuel Miller Professor Emeritus of Biology, died September 5, 2023. Mr. Murray was a faculty member from September 1, 1962, until retiring May 24, 1998.

Mr. David E. Normansell, Professor Emeritus of Pathology, died August 19, 2023. Mr. Normansell was a faculty member from July 1, 1968, until retiring June 30, 2000.

Mr. Andrew R. Sanderford, Robert M. White Jr. Bicentennial Associate Professor of Real Estate, died August 31, 2023. Mr. Sanderford had been a faculty member since August 25, 2020.

Mr. Glenn E. Stoner, Professor Emeritus of Materials Science and Engineering, died August 9, 2023. Mr. Stoner was a faculty member from June 1, 1968, until retiring January 24, 2003.

The University of Virginia's College at Wise

12. RETIREMENT

The President announced the following retirement:

[t] Mr. Robert J. Cantrell, Professor of Education, The University of Virginia's College at Wise, effective December 24, 2023. Mr. Cantrell has been a faculty member since August 25, 2001.

13. ELECTION OF PROFESSOR EMERITUS

RESOLVED, the following person is elected Professor Emeritus:

[t] Mr. Robert J. Cantrell, as Professor Emeritus of Education, The University of Virginia's College at Wise, effective December 25, 2023.

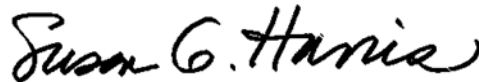
14. DEATH

The President announced the following death:

Mr. William J. Hooper Jr., Professor Emeritus of Physics, Clinch Valley College, died August 31, 2023. Mr. Hooper was a faculty member from September 15, 1959, until retiring July 1, 1992.

On motion, the meeting was adjourned at 5:00 p.m.

Respectfully submitted,



Susan G. Harris
Secretary

SGH:ddr

These minutes have been posted to the University of Virginia's Board of Visitors website.
<http://bov.virginia.edu/public-minutes>

RESOLUTIONS NOT REQUIRING ACTION BY THE FULL BOARD

HEALTH SYSTEM BOARD – DECEMBER 7, 2023

AMENDED AND RESTATED BYLAWS OF THE CLINICAL STAFF OF THE MEDICAL CENTER

RESOLVED, the attached amended and restated bylaws of the Clinical Staff of the Medical Center are approved.

RECOMMENDED CREDENTIALING AND RECREDENTIALING ACTIONS

CREDENTIALING AND RECREDENTIALING ACTIONS – HEALTH SYSTEM BOARD/ TRANSITIONAL CARE HOSPITAL

1. APPOINTMENTS TO THE CLINICAL STAFF

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

Duggan, Sayward, D.D.S., Dentist in the Department of Dentistry; Attending Staff Status; Period of Appointment: October 12, 2023 through September 30, 2024; Privileged in Dentistry.

Estes, Meredith, M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Appointment: November 2, 2023 through April 29, 2025; Privileged in Pediatrics.

Gallagher, Virginia, Ph.D., Neuropsychologist in the Department of Neurology; Attending Staff Status; Period of Appointment: November 15, 2023 through June 29, 2025; Privileged in Neurology.

Misra, Madhusmita, M.D., Pediatric Endocrinologist in the Department of Pediatrics; Attending Staff Status; Period of Appointment: December 1, 2023 through October 30, 2025; Privileged in Pediatrics.

Raiser, Sara, M.D., Physiatrist in the Department of Physical Medicine and Rehabilitation; Attending Staff Status; Period of Appointment: November 1, 2023 through November 29, 2025; Privileged in Physical Medical and Rehabilitation.

Reynolds, Natalie, M.D., Physician in the Department of Emergency Medicine; Attending Staff Status; Period of Appointment: October 17, 2023 through January 30, 2025; Privileged in Emergency Medicine.

Silva, Amanda, M.D., Plastic Surgeon in the Department of Plastic Surgery; Attending Staff Status; Period of Appointment: December 1, 2023 through March 30, 2025; Privileged in Plastic Surgery.

Vandersteenhoven, Peter, M.D., Physician in the Department of Emergency Medicine; Attending Staff Status; Period of Appointment: October 13, 2023 through September 30, 2024; Privileged in Emergency Medicine.

Ware, Paul, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Appointment: October 25, 2023 through September 30, 2024; Privileged in Anesthesiology.

2. REAPPOINTMENTS TO THE CLINICAL STAFF

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

Anderson, Mark, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Reappointment: November 30, 2023, through February 1, 2024, 2026. Privileged in Radiology and Medical Imaging.

Carlson, Adam, M.D., Rheumatologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Medicine.

DeGeorge, Brent, M.D., Ph.D., Plastic Surgeon in the Department of Plastic Surgery; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Plastic Surgery.

Deiling, Brittany, D.O., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Anesthesiology.

Duensing, Ian, M.D., Orthopedic Surgeon in the Department of Orthopedic Surgery; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Orthopedic Surgery.

Fedder, Katherine, M.D., Otolaryngologist in the Department of Otolaryngology; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Otolaryngology.

Fuller, Robert, M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Period of Reappointment: November 30, 2023, through February 1, 2024. Privileged in Obstetrics and Gynecology.

Garham, James, M.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Pathology.

Gupta, Shakun, M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Pediatrics.

Harris, Drew, M.D., Pulmonologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Medicine.

Hoard, Martin, M.D., Plastic Surgeon in the Department of Plastic Surgery; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Plastic Surgery.

Humberson, Jennifer, M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Pediatrics.

Kern, Nora, M.D., Urologist in the Department of Urology; Attending Staff Status; Period of Reappointment: November 30, 2023, through February 1, 2024. Privileged in Urology.

Larkey, Nicolas, M.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Pathology.

Lesh, Ryan, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Anesthesiology.

Loughran, Thomas, M.D., Hematologist Oncologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Medicine.

Lowson, Stuart, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Anesthesiology.

Mace, Jacob, D.O., Physician in the Department of Emergency Medicine; Attending Staff Status; Period of Reappointment: December 2, 2023, through May 30, 2025. Privileged in Emergency Medicine.

Morse, Melanie, Ph.D., Psychologist in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: December 7, 2023, through September 29, 2025. Privileged in Psychology.

Overby, Terry, M.D., Nephrologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2024. Privileged in Medicine.

Pandey, Subodh, M.D., Pulmonologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Medicine.

Paphitis, Nicholas, M.D., Hematologist Oncologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Medicine.

Peroutka, Christina, M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Pediatrics.

Ranney, Kathleen, M.D., M.P.H., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Anesthesiology.

Scialla, Timothy, M.D., Pulmonologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Medicine.

Roy, Sasmit, M.D., Nephrologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Medicine.

Sheeran, Daniel, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Reappointment: November 30, 2023, through February 1, 2024. Privileged in Radiology and Medical Imaging.

Taylor, Amy, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Radiology and Medical Imaging.

Thiele, Eryn, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Anesthesiology.

Wagner, John, M.D., Hematologist Oncologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: December 29, 2023, through June 29, 2025. Privileged in Medicine.

Waligora, Andrew, M.D., Nephrologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 30, 2023, through November 29, 2026. Privileged in Medicine.

Zawar, Ifrah, M.D., Neurologist in the Department of Neurology; Attending Staff Status; Period of Reappointment: November 30, 2023, through May 1, 2024. Privileged in Neurology.

3. STATUS CHANGES TO CLINICAL STAFF

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the status change in clinical privileges to the following practitioner are approved:

Blodgett, Todd, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Date Change effective September 8, 2022, through February 1, 2024; Privileged in Radiology and Medical Imaging.

Deprey, Robert, M.D., Plastic Surgeon in the Department of Plastic Surgery; Attending Staff Status; Date Change effective July 2, 2022, through February 1, 2024; Privileged in Plastic Surgery.

Dulai, Harjot, M.D., Radiologist in the Department of Radiology and Medicine Imaging; Attending Staff Status; Date Change effective September 8, 2022, through February 1, 2024; Privileged in Radiology and Medical Imaging.

Early, Stephen, M.D., Otolaryngologist in the Department of Otolaryngology; Attending Staff Status; Date Change effective January 2, 2023, through January 1, 2024; Privileged in Otolaryngology.

Ferguson, James, M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Clinical Staff Status Change to Administrative; Status Change effective October 5, 2023, through October 30, 2024.

Habib, Asma, M.D., Pediatric Cardiologist in the Department of Pediatrics; Attending Staff Status; Date Change effective January 23, 2023, through December 30, 2025; Privileged in Pediatrics.

Hollenbeck, Scott, M.D., Plastic Surgeon in the Department of Plastic Surgery; Attending Staff Status; Date Change effective November 30, 2022, through May 1, 2024; Privileged in Plastic Surgery.

Igbani, Lisa, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Date Change effective January 2, 2023, through January 1, 2024; Privileged in Anesthesiology.

Kabil, Emmad, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Date Change effective January 2, 2023, through January 1, 2024; Privileged in Anesthesiology.

Malva, Rohith, M.D., Physician in the Department of Emergency Medicine; Attending Staff Status; Date Change effective January 5, 2023, through August 30, 2025; Privileged in Emergency Medicine.

Richardson, Meghan, M.D., Orthopedic Surgeon in the Department of Orthopedic Surgery; Attending Staff Status; Date Change effective January 5, 2023, through April 29, 2025; Privileged in Orthopedic Surgery.

Suggs, James, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Date Change effective January 10, 2023, through January 9, 2024; Privileged in Anesthesiology.

5. NEW PRIVILEGES TO CLINICAL STAFF MEMBER

RESOLVED, the recommendations of the Clinical Staff Executive Committee for new procedural privileges to the following Clinical Staff Member are approved:

Sutton, David, M.D., Radiologist in the Department of Radiology and Medical Imaging. Additional Privileges for Diagnostic Radiology Privileges. Effective Date: November 10, 2023 through October 30, 2024. Privileged in Radiology and Medical Imaging.

6. RESIGNATIONS OF CLINICAL STAFF

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

Bauman, Kimberley, M.D., Physician in the Department of Medicine; Attending Staff Status; Effective Date of Retirement: October 31, 2023.

Harsh, Veronica, M.D., Psychiatrist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Effective Date of Resignation: October 13, 2023.

Mazimba, Sula, M.D., Cardiologist in the Department of Medicine; Attending Staff Status; Effective Date of Resignation: July 31, 2023.

Stout, Christopher, M.D., Anesthesiologist in the Department of Anesthesiology;
Attending Staff Status; Effective Date of Resignation: June 30, 2023.

7. PRIVILEGES FOR NEW ALLIED HEALTH PROFESSIONALS

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

Brown, Jenea R., R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Period of Privileging: October 16, 2023, through October 15, 2026; Privileged as a Family Nurse Practitioner.

Coyman, Elizabeth, R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Period of Privileging: October 16, 2023, through October 15, 2026; Privileged as a Family Nurse Practitioner.

Galbreath, Carla B., R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Period of Privileging: October 30, 2023, through October 29, 2025; Privileged as a Family Nurse Practitioner.

Grisham, Tory L., R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Period of Privileging: October 30, 2023, through October 29, 2025; Privileged as a Family Nurse Practitioner.

Henderson, Eden G., R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Period of Privileging: October 30, 2023, through October 29, 2025; Privileged as a Family Nurse Practitioner.

Lisk, Jessica M., R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: October 15, 2023, through October 14, 2026; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Mullis, Xiaoya, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Surgery; Period of Privileging: October 30, 2023, through October 29, 2025; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Roberts, Sarah, R.N., N.P., Pediatric Nurse Practitioner in the Department of Surgery; Period of Privileging: October 30, 2023, through October 29, 2025; Privileged as a Pediatric Nurse Practitioner.

Smith, Micah A., R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Anesthesiology; Period of Privileging: October 29, 2023, through October 28, 2025; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

8. RENEWAL OF PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS

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

Brooks, Nichole, P.A., Physician Assistant in the Department of Plastic Surgery; Period of Privileging: January 9, 2024 through January 8, 2027; Privileged as a Physician Assistant.

Finke, Karen, P.A., Physician Assistant in the Department of Medicine; Period of Privileging: December 13, 2023 through December 12, 2026; Privileged as a Physician Assistant.

Godsey, Kelly, R.N., N.P., Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: December 24, 2023 through December 23, 2026; Privileged as an Acute Care Nurse Practitioner.

Hawley, Torrey, R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: January 9, 2024 through January 8, 2027; Privileged as a Certified Registered Nurse Anesthetist.

Hooper, Elizabeth, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Surgery; Period of Privileging: December 7, 2024 through December 6, 2026; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Jones, Andrea, R.N., N.P., Acute Care Pediatric Nurse Practitioner in the Department of Surgery; Period of Privileging: December 27, 2023 through December 26, 2026; Privileged as an Acute Care Pediatric Nurse Practitioner.

Kahveci, Selim, R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: December 12, 2023 through December 11, 2026; Privileged as a Certified Registered Nurse Anesthetist.

Lam, Ellen, P.A., Physician Assistant in the Department of Medicine; Period of Privileging: January 9, 2024 through January 8, 2027; Privileged as a Physician Assistant.

Little, Jeanel, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: December 2, 2023 through December 1, 2026; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Middlekauff, Robert, P.A., Physician Assistant in the Department of Surgery; Period of Privileging: January 2, 2024 through January 1, 2027; Privileged as a Physician Assistant.

Miller, Joy, R.N., N.P., Pediatric Nurse Practitioner in the Department of Pediatrics; Period of Privileging: December 20, 2023 through December 19, 2026; Privileged as a Pediatric Nurse Practitioner.

Murray, Jessica, R.N., N.P., Pediatric Nurse Practitioner in the Department of Pediatrics; Period of Privileging: December 3, 2023 through December 2, 2026; Privileged as a Pediatric Nurse Practitioner.

Murray, Christine, R.N., N.P., Pediatric Nurse Practitioner in the Department of Pediatrics; Period of Privileging: January 8, 2024 through January 7, 2027; Privileged as a Pediatric Nurse Practitioner.

Owens, Christine, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: January 8, 2024 through January 7, 2027; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Plowman, Nicole, R.N., N.P., Pediatric Nurse Practitioner in the Department of Pediatrics; Period of Privileging: December 27, 2023 through December 26, 2026; Privileged as a Pediatric Nurse Practitioner.

Schneiderman, Emily, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: December 11, 2023 through December 10, 2026; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Schultz, Christina, R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Period of Privileging: December 27, 2023 through December 26, 2026; Privileged as a Family Nurse Practitioner.

Schweickert, Patricia, R.N., N.P., Family Nurse Practitioner in the Department of Anesthesiology; Period of Privileging: December 12, 2023 through December 19, 2026; Privileged as a Family Nurse Practitioner.

Sperber, Kimberly, R.N., N.P., Neonatal Nurse Practitioner in the Department of Pediatrics; Period of Privileging: January 5, 2024 through January 4, 2027; Privileged as a Neonatal Nurse Practitioner.

Stinnett, Michelle, R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: December 9, 2023 through December 8, 2026; Privileged as a Certified Registered Nurse Anesthetist.

West, Margaret E., R.N., N.P., Pediatric Nurse Practitioner in the Department of Pediatrics; Period of Privileging: December 27, 2023 through December 26, 2026; Privileged as a Pediatric Nurse Practitioner.

Winn, Meaghan, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: January 8, 2024 through January 7, 2027; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

9. SECONDARY APPOINTMENTS TO ALLIED HEALTH PROFESSIONAL

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the secondary appointment to the Allied Health Professional is approved:

Middlekauff, Robert, P.A., Physician Assistant in the Department of Medicine; Period of Secondary Reappointment: January 1, 2024, through January 1, 2027; Privileged as a Physician Assistant.

Schneiderman, Emily, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Surgery; Period of Secondary Reappointment: October 23, 2023, through October 22, 2026; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

10. CATEGORY STATUS, DATE CHANGES OR ADDITIONAL LOCATION OF ALLIED HEALTH PROFESSIONALS

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the category status, date changes or additional locations to the following Allied Health Professionals are approved:

Jaeger-Landis, Beth, R.N., N.P., Acute Care Nurse Practitioner in the Department of Medicine; Date of Additional Location: October 3, 2023 through May 18, 2024; Privileged as an Acute Care Nurse Practitioner.

Roman, Amy, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Date of Additional Location: November 1, 2023 through August 27, 2025; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Sweet, Cassandra, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Dermatology; Date of Location Change: October 30, 2023 through October 29, 2026; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

11. RESIGNATIONS OF ALLIED HEALTH PROFESSIONALS

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

Ahern, Patrick, R.N., N.P., Pediatric Nurse Practitioner in the Department of Pediatrics; Effective Date of Resignation: September 30, 2023.

Bless, Stacey, R.N., N.P., Neonatal Nurse Practitioner in the Department of Pediatrics; Effective Date of Resignation: April 7, 2023.

Gunnoe, Sara, P.A., Physician Assistant in the Department of Pediatrics; Effective Date of Resignation: October 31, 2023.

Marohn, Patricia E., R.N., N.P., Acute Care Nurse Practitioner in the Department of Orthopedic Surgery; Effective Date of Resignation: October 14, 2023.

Miller, Sally, R.N., N.P., Certified Nurse Midwife in the Department of Obstetrics and Gynecology; Effective Date of Resignation: October 6, 2023.

South, Sara, P.A., Physician Assistant in the Department of Pediatrics; Effective Date of Resignation: September 16, 2023.

**CREDENTIALING AND RECREDENTIALING ACTIONS – HEALTH SYSTEM BOARD/
TRANSITIONAL CARE HOSPITAL, OCTOBER 17, 2023**

RESOLVED, pursuant to the delegation of authority contained in the September 15, 2011 Resolution of the Medical Center Operating Board, the undersigned hereby approve the following Credentialing and Recredentialing Actions as specifically set forth below:

RECOMMENDED CREDENTIALING AND RECREDENTIALING ACTIONS

1. APPOINTMENTS TO THE CLINICAL STAFF

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

Afshan, Alvi, M.D., Cardiologist in the Department of Medicine; Attending Staff Status; Period of Appointment: September 12, 2023 through January 30, 2025; Privileged in Medicine.

Al-Marzoog, Ali, M.D., Physician in the Department of Emergency Medicine; Attending Staff Status; Period of Appointment: September 11, 2023 through July 31, 2025; Privileged in Emergency Medicine.

Borsinger, Tracy, M.D., Orthopedic Surgeon in the Department of Orthopedic Surgery; Attending Staff Status; Period of Appointment: September 20, 2023 through May 30, 2025; Privileged in Orthopedic Surgery.

Choudhari, Pooja, M.D., Pediatric Endocrinologist in the Department of Pediatrics; Attending Staff Status; Period of Appointment: October 1, 2023 through July 30, 2025; Privileged in Pediatrics.

Ehrlich, Lauren, Ph.D., Psychologist in the Department of Psychiatry and Neurobehavioral Sciences; Attending Staff Status; Period of Appointment: October 18, 2023 through November 29, 2025; Privileged in Psychology.

Hickman, Alexandra, M.D., Dermatologist in the Department of Dermatology; Attending Staff Status; Period of Appointment: September 29, 2023 through July 31, 2024; Privileged in Dermatology.

Johnson, Tyler, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Appointment: September 11, 2023 through December 30, 2025; Privileged in Anesthesiology.

Kotakondla, Screeramula, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Appointment: October 1, 2023 through September 30, 2025; Privileged in Anesthesiology.

Kukielski, Casey, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Appointment: September 19, 2023 through June 30, 2024; Privileged in Anesthesiology.

Leclerc, Jenna, M.D, Ph.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Appointment: October 16, 2023 through January 30, 2025; Privileged in Anesthesiology.

Ma, Linglei, M.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Appointment: October 1, 2023 through October 30, 2025; Privileged in Pathology.

McKellar, Keneta, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Appointment: September 15, 2023 through October 30, 2025; Privileged in Anesthesiology.

Morin, Janice, M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Appointment: September 25, 2023 through September 24, 2025; Privileged in Pediatrics.

Muck, Andrew, M.D., Physician in the Department of Emergency Medicine; Attending Staff Status; Period of Appointment: September 12, 2023 through December 30, 2025; Privileged in Emergency Medicine.

Murray, Susan, M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Appointment: October 1, 2023 through September 29, 2025; Privileged in Pediatrics.

Olivari, Marjorie, M.D., Physician in the Department of Family Medicine; Attending Staff Status; Period of Appointment: October 23, 2023 through April 29, 2025; Privileged in Family Medicine.

Ricketts, III, Robert, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Appointment: September 25, 2023 through April 29, 2025; Privileged in Anesthesiology.

Scavone, Summer, M.D., Physician in the Department of Family Medicine; Attending Staff Status; Period of Appointment: October 9, 2023 through August 30, 2025; Privileged in Family Medicine.

2. SECONDARY APPOINTMENTS TO THE CLINICAL STAFF

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the secondary appointment to the clinical staff of the University of Virginia Medical Center and the granting of specific privileges to the following practitioner are approved:

Johnson, Tyler, M.D., Pulmonologist in the Department of Medicine; Attending Staff Status; Period of Secondary Reappointment: September 11, 2023, through December 30, 2025; Privileged in Medicine.

3. REAPPOINTMENTS TO THE CLINICAL STAFF

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

Arnold, Christopher, M.D., Epidemiologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Medicine.

Baron, Aleksandr, D.D.S., Dentist in the Department of Dentistry; Attending Staff Status; Period of Reappointment: November 23, 2023, through May 30, 2025. Privileged in Dentistry.

Barros, Andrew, M.D., Pulmonologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 1, 2023, through August 1, 2026. Privileged in Medicine.

Clouse, William, M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Reappointment: October 31, 2023, through February 1, 2024. Privileged in Surgery.

Crimaldi, Sonia, M.D., Radiologist in the Department of Radiology and Medical Imaging; Attending Staff Status; Period of Reappointment: October 31, 2023, through February 1, 2024. Privileged in Radiology and Medical Imaging.

Davis, John, M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Surgery.

Garrett-Bakelman, Francine, M.D., Hematologist Oncologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Medicine.

Gonzalez, Rose, Ph.D., Psychologist in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Psychology.

Gorham, James, M.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Reappointment: October 31, 2023, through November 29, 2023. Privileged in Pathology.

Grice, Darlinda, M.D., Physiatrist in the Department of Physical Medicine and Rehabilitation; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Physical Medicine and Rehabilitation.

Hadeed, III, Michael, M.D., Orthopedic Surgeon in the Department of Orthopedic Surgery; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Orthopedic Surgery.

Holland, Eliza, M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Pediatrics.

Kehl, Melissa, M.D., Hospitalist in the Department of Medicine; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Medicine.

Kent, Kenneth C., M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2025. Privileged in Surgery.

Kleiman, Amanda, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Anesthesiology.

Kogler, Valery, M.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Pathology.

Krause, Michael, M.D., Ophthalmologist in the Department of Ophthalmology; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Ophthalmology.

Leeds, Joseph, M.D., Nephrologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Medicine.

Li, Li, M.D., Physician in the Department of Family Medicine; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Family Medicine.

McCulloch, Michael, M.D., Pediatric Cardiologist in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Pediatrics.

McNaull, Peggy, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Anesthesiology.

Mahjoub, Ali, M.D., Hematologist Oncologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 1, 2023, through August 1, 2026. Privileged in Medicine.

Mattos, Jose, M.D., Otolaryngologist in the Department of Otolaryngology; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Otolaryngology.

Maughan, Karen, M.D., Physician in the Department of Family Medicine; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Family Medicine.

May, Peter, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Anesthesiology.

Mills, Anne, M.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Pathology.

Pandey, Subodh, M.D., Pulmonologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: October 31, 2023, through November 29, 2026. Privileged in Medicine.

Paphitis, Nicholas, M.D., Hematologist Oncologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: October 31, 2023, through November 29, 2023. Privileged in Medicine.

Patel, Hitesh, M.D., Pulmonologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 1, 2023, through November 1, 2026. Privileged in Medicine.

Redick, Dana, M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Obstetrics and Gynecology.

Repaske, David, M.D., Pediatric Endocrinologist in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Pediatrics.

Roeser, Mark, M.D., Surgeon in the Department of Surgery; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Surgery.

Rossetti, Maria, M.D., Neurologist in the Department of Neurology; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Neurology.

Scialla, Timothy, M.D., Pulmonologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: October 31, 2023, through November 29, 2023. Privileged in Medicine.

Sharma, Aditya, M.D., Cardiologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 1, 2023, through November 1, 2026. Privileged in Medicine.

Stombaugh, David, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Anesthesiology.

Taylor, Julia, M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Pediatrics.

Thames, Matthew, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Anesthesiology.

Thorne, Bryan, M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Pediatrics.

Ting, Paul, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Period of Reappointment: November 1, 2023, through May 1, 2026. Privileged in Anesthesiology.

Vollmer, Dennis, M.D., Neurosurgeon in the Department of Neurosurgery; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Neurosurgery.

White, Elizabeth, M.D., Pediatrician in the Department of Pediatrics; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Pediatrics.

Witt, Mary, M.D., Hematologist Oncologist in the Department of Medicine; Attending Staff Status; Period of Reappointment: November 1, 2023, through August 1, 2026. Privileged in Medicine.

Zadeh, Sara, M.D., Pathologist in the Department of Pathology; Attending Staff Status; Period of Reappointment: October 31, 2023, through October 30, 2026. Privileged in Pathology.

4. STATUS CHANGES TO CLINICAL STAFF

RESOLVED, the recommendations of the Clinical Staff Executive Committee for the status change in clinical privileges to the following practitioner are approved:

Abel, Mark, M.D., Orthopedic Surgeon in the Department of Orthopedic Surgery; Attending Staff Status; Date Change effective October 25, 2023, through October 30, 2024; Privileged in Orthopedic Surgery.

Chisholm, Christian, M.D., Obstetrician and Gynecologist in the Department of Obstetrics and Gynecology; Attending Staff Status; Date Change effective July 31, 2023, through February 1, 2026; Privileged in Obstetrics and Gynecology.

Kron, Irving, M.D., Cardiac Surgeon in the Department of Surgery; Honorary Staff Status; Status Change effective July 1, 2023, through January 30, 2025.

Tribble, Curtis, M.D., Cardiac Surgeon in the Department of Surgery; Administrative Staff Status; Status Change effective October 1, 2023, through July 30, 2026.

5. RESIGNATIONS OF CLINICAL STAFF

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

Bauer, Derek, M.D., Neurologist in the Department of Neurology; Attending Staff Status; Effective Date of Resignation: September 30, 2023.

Cavanaugh, Corey, M.D., Nephrologist in the Department of Medicine; Attending Staff Status; Effective Date of Resignation: September 1, 2023.

Elmer, Donald, M.D., Anesthesiologist in the Department of Anesthesiology; Attending Staff Status; Effective Date of Resignation: September 24, 2023.

Helm, Gregory, M.D., Neurosurgeon in the Department of Neurosurgery; Attending Staff Status; Effective Date of Retirement: June 30, 2023.

Malpass, Howard, M.D., Pulmonologist in the Department of Medicine; Attending Staff Status; Effective Date of Demise: September 14, 2023.

Rak, Hannah, M.D., Physician in the Department of Family Medicine; Attending Staff Status; Effective Date of Resignation: September 30, 2023.

Sokolowski, Jennifer, M.D., Neurosurgeon in the Department of Neurosurgery; Attending Staff Status; Effective Date of Resignation: June 30, 2023.

6. PRIVILEGES FOR NEW ALLIED HEALTH PROFESSIONALS

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

Butz, Anne, L.C.S.W., Licensed Clinical Social Worker in the Department of Pediatrics; Period of Privileging: September 7, 2023, through August 31, 2024; Privileged as a Licensed Clinical Social Worker.

Cook, Mary A., R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Period of Privileging: October 2, 2023, through October 1, 2024; Privileged as a Family Nurse Practitioner.

Cook, Scott A., R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: October 3, 2023, through October 4, 2024; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Cutchin, Aubrey, R.N., N.P., Adult Gerontology Primary Care Nurse Practitioner in the Department of Medicine; Period of Privileging: October 2, 2023, through October 1, 2024; Privileged as an Adult Gerontology Primary Care Nurse Practitioner.

Frase, Kathy, R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: October 2, 2023, through October 1, 2024; Privileged as a Certified Registered Nurse Anesthetist.

Gianino, Caitlin, R.N., N.P., Neonatal Nurse Practitioner in the Department of Pediatrics; Period of Privileging: October 16, 2023, through October 15, 2024; Privileged as a Neonatal Nurse Practitioner.

Hosenfeld, Stacy, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: September 18, 2023, through September 17, 2024; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Jamison, Jennifer, R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: October 2, 2023, through October 1, 2024; Privileged as a Certified Registered Nurse Anesthetist.

Lagerstrom, Lance, R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: October 2, 2023, through October 1, 2024; Privileged as a Certified Registered Nurse Anesthetist.

Messamer, Ara, R.N., N.P., Neonatal Nurse Practitioner in the Department of Pediatrics; Period of Privileging: September 18, 2023, through September 17, 2024; Privileged as a Neonatal Nurse Practitioner.

Nickdow, Katherine, R.N., N.P., Acute Care Pediatric Nurse Practitioner in the Department of Pediatrics; Period of Privileging: October 1, 2023, through September 30, 2024; Privileged as an Acute Care Pediatric Nurse Practitioner.

Nippers, Kathy, R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Period of Privileging: September 18, 2023, through September 17, 2024; Privileged as a Family Nurse Practitioner.

Moon, Dayoung, P.A., Physician Assistant in the Department of Surgery; Period of Privileging: September 18, 2023, through September 17, 2024; Privileged as a Physician Assistant.

Patterson, Samantha, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: October 1, 2023, through September 30, 2024; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Pierce, Emily, P.A., Physician Assistant in the Department of Neurology; Period of Privileging: September 18, 2023, through September 17, 2024; Privileged as a Physician Assistant.

Sheets, Molly, R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Period of Privileging: October 2, 2023, through October 1, 2024; Privileged as a Family Nurse Practitioner.

Stewart, Jacqueline, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Surgery; Period of Privileging: October 1, 2023, through September 30, 2024; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Zimcosky-Murray, Marcelle, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Plastic Surgery; Period of Privileging: October 1, 2023, through September 30, 2024; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Willis, Sheri, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Surgery; Period of Privileging: September 17, 2023, through September 16, 2024; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Wyllys, Carrie, R.N., N.P., Neonatal Nurse Practitioner in the Department of Pediatrics; Period of Privileging: September 21, 2023, through September 20, 2024; Privileged as a Neonatal Nurse Practitioner.

7. RENEWAL OF PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS

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

Braqadle, Halima, R.N., N.P., Certified Nurse Midwife in the Department of Obstetrics and Gynecology; Period of Privileging: December 1, 2023 through November 30, 2026; Privileged as a Certified Nurse Midwife.

Brown, Barrie, R.N., N.P., Certified Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: November 2, 2023 through November 1, 2026; Privileged as a Certified Nurse Anesthetist.

Burgin, Sherrie, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Surgery; Period of Privileging: November 13, 2023 through November 12, 2026; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Craig, Heather, R.N., N.P., Acute Care Pediatric Nurse Practitioner in the Department of Pediatrics; Period of Privileging: November 27, 2023 through November 27, 2026; Privileged as an Acute Care Pediatric Nurse Practitioner.

Exline, Charlene, R.N., N.P., Family Nurse Practitioner in the Department of Neurosurgery; Period of Privileging: November 24, 2023 through November 23, 2026; Privileged as a Family Nurse Practitioner.

Fainter, Darla, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: November 4, 2023 through November 3, 2026; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Gahring, Kimberly, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: October 30, 2023 through October 29, 2026; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Good, Elizabeth, R.N., N.P., Acute Care Nurse Practitioner in the Department of Surgery; Period of Privileging: November 15, 2023 through November 14, 2026; Privileged as an Acute Care Nurse Practitioner.

Hehir, Monica, R.N., N.P., Pediatric Nurse Practitioner in the Department of Pediatrics; Period of Privileging: November 27, 2023 through November 27, 2026; Privileged as a Pediatric Nurse Practitioner.

Higginbotham, Kimberly, P.A., Physician Assistant in the Department of Orthopedic Surgery; Period of Privileging: November 14, 2023 through November 13, 2026; Privileged as a Physician Assistant.

Homa, Krysti, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: November 13, 2023 through November 12, 2026; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Jefferson, Natalie N., R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Period of Privileging: November 28, 2023 through November 27, 2026; Privileged as a Family Nurse Practitioner.

Kassay-McAllister, Jessica, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: November 5, 2023 through November 4, 2026; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Kelley, Meredith A., R.N., N.P., Family Nurse Practitioner in the Department of Otolaryngology; Period of Privileging: November 14, 2023 through November 13, 2026; Privileged as a Family Nurse Practitioner.

Kwarfo, Emmanuel, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Surgery; Period of Privileging: October 31, 2023 through October 30, 2026; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Lindsay, Raymond, R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: November 21, 2023 through September 9, 2024; Privileged as a Certified Registered Nurse Anesthetist.

Lucas, Mia, R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Medicine; Period of Privileging: November 29, 2023 through November 28, 2026; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Mooney, Melyssa, R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Period of Privileging: October 19, 2023 through October 18, 2026; Privileged as a Certified Registered Nurse Anesthetist.

Passerini, Heather, R.N., N.P., Acute Care Nurse Practitioner in the Department of Surgery; Period of Privileging: November 19, 2023 through November 18, 2026; Privileged as an Acute Care Nurse Practitioner.

Seitzer, Logan, P.A., Physician Assistant in the Department of Orthopedic Surgery; Period of Privileging: October 31, 2023 through October 30, 2026; Privileged as a Physician Assistant.

Wiseman, Steven M., R.N., N.P., Adult Gerontology Acute Care Nurse Practitioner in the Department of Neurology; Period of Privileging: November 5, 2023 through November 4, 2026; Privileged as an Adult Gerontology Acute Care Nurse Practitioner.

Wolf, Jean M., R.N., N.P., Neonatal Nurse Practitioner in the Department of Pediatrics; Period of Privileging: November 10, 2023 through November 9, 2026; Privileged as a Neonatal Nurse Practitioner.

Yost, Terri, R.N., N.P., Family Nurse Practitioner in the Department of Family Medicine; Period of Privileging: October 31, 2023 through October 30, 2026; Privileged as a Family Nurse Practitioner.

Zayas, Margaret, R.N., N.P., Family Nurse Practitioner in the Department of Family Medicine; Period of Privileging: November 14, 2023 through November 13, 2026; Privileged as a Family Nurse Practitioner.

8. NEW PRIVILEGES TO ALLIED HEALTH PROFESSIONALS

RESOLVED, the recommendations of the Clinical Staff Executive Committee for new procedural privileges to the following Allied Health Professional are approved:

Archie-Patrick, Whitney, Lara, R.N., N.P., Family Nurse Practitioner in the Department of Obstetrics and Gynecology; Additional Privileges for Nexplanon Insertion & Removal. Period of Privileging: October 3, 2023 through July 8, 2024, 2024; Privileged as an Acute Care Nurse Practitioner.

Myers, Lara, R.N., N.P., Acute Care Nurse Practitioner in the Department of Orthopedic Surgery; Additional Privileges for Knee Steroid Injection. Period of Privileging: October 3, 2023 through May 29, 2024, 2024; Privileged as Family Nurse Practitioner.

9. RESIGNATIONS OF ALLIED HEALTH PROFESSIONALS

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

Billips, Keshia, R.N., N.P., Adult Nurse Practitioner in the Department of Surgery; Effective Date of Resignation: September 1, 2023.

Daunis, Kerri, R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Effective Date of Resignation: August 30, 2023.

Droz-Leandry, Josue, P.A., Physician Assistant in the Department of Dermatology; Effective Date of Resignation: August 11, 2023.

Mihalakakos, Arianna, Aud., Audiologist in the Department of Otolaryngology; Effective Date of Resignation: September 1, 2023.

Martina, Sarah R.N., N.P., Women's Health Nurse Practitioner in the Department of Obstetrics and Gynecology; Effective Date of Resignation: August 25, 2023.

McGowan, John B., R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Effective Date of Resignation: August 30, 2023.

Oot, Patricia, R.N., N.P., Neonatal Nurse Practitioner in the Department of Pediatrics; Effective Date of Resignation: September 1, 2023.

Sproul, John, P.A., Physician Assistant in the Department of Neurology; Effective Date of Resignation: September 3, 2023.

Syverud, Gerald A., R.N., N.P., Certified Registered Nurse Anesthetist in the Department of Anesthesiology; Effective Date of Retirement: June 26, 2022.

Wunderston, Jessica, R.N., N.P., Family Nurse Practitioner in the Department of Medicine; Effective Date of Resignation: September 18, 2023.

Buildings and Grounds Committee, 7 December 2023

SCHEMATIC DESIGN FOR THE FONTAINE RESEARCH PARK ROADWAY INFRASTRUCTURE AND PARKING GARAGE

RESOLVED, the schematic design for the Fontaine Research Park Roadway Infrastructure and Parking Garage, prepared by Ratio Architects and Vanasse Hangen Brustlin Engineers, in collaboration with representatives from the Office of the Architect for the University, the Health System, and Facilities Management, is approved for further development and construction.

SCHEMATIC DESIGN FOR THE INSTITUTE OF BIOTECHNOLOGY

RESOLVED, the schematic design for the Institute of Biotechnology, prepared by Elkus Manfredi Architects, in collaboration with representatives from the Office of the Architect for the University, the Office of the Provost, the School of Medicine, Facilities Management, and Owner's Representative CBRE, is approved for further development and construction.

ATTACHMENTS

Faculty Roles @ U.Va



Thank you

Other than
participate in
Final Exercises...



What do
faculty do?

The University of Virginia is a public institution of higher learning guided by a founding vision of discovery, innovation, and development of the full potential of talented students from all walks of life.

It serves the Commonwealth of Virginia, the nation, and the world by developing responsible citizen leaders and professionals; advancing, preserving, and disseminating knowledge; and providing world-class patient care.



What do faculty do?

Develop responsible
leaders and professionals

World class
patient care



Discovery &
Innovation



Advancing, preserving,
& disseminating knowledge



U.Va Mission Statement Embodied by Faculty Work and Roles



Research

Discovery &
Innovation

Develop responsible
leaders and professionals



Teaching



Service &
Engagements

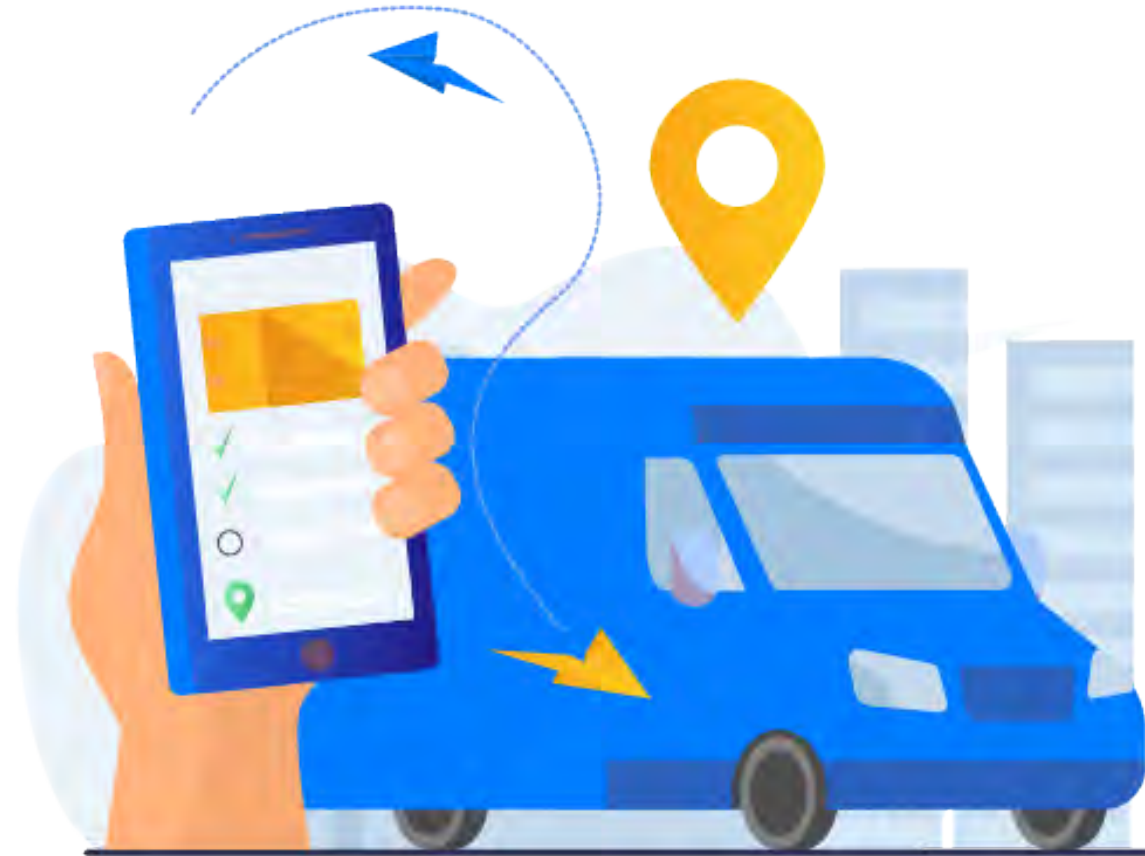
Advancing, preserving,
& disseminating knowledge

World class
patient care



Clinical

The faculty of the University of Virginia deliver on this promise



Publishing
Writing proposals
Collecting data
Hiring & managing
Writing reports
Presenting
Budgeting
Mentoring





\$532M
Sponsored Funding
for FY22 - FY23

Research productivity & external funding is a major driver of rankings



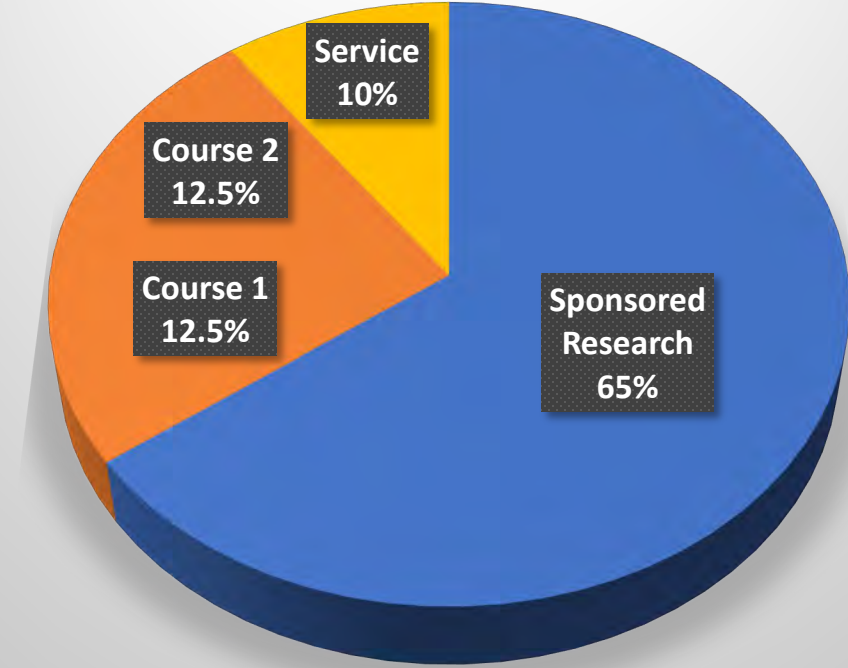
Michael Kennedy, Ph.D.

Professor of Special Education
School of Education and Human Development



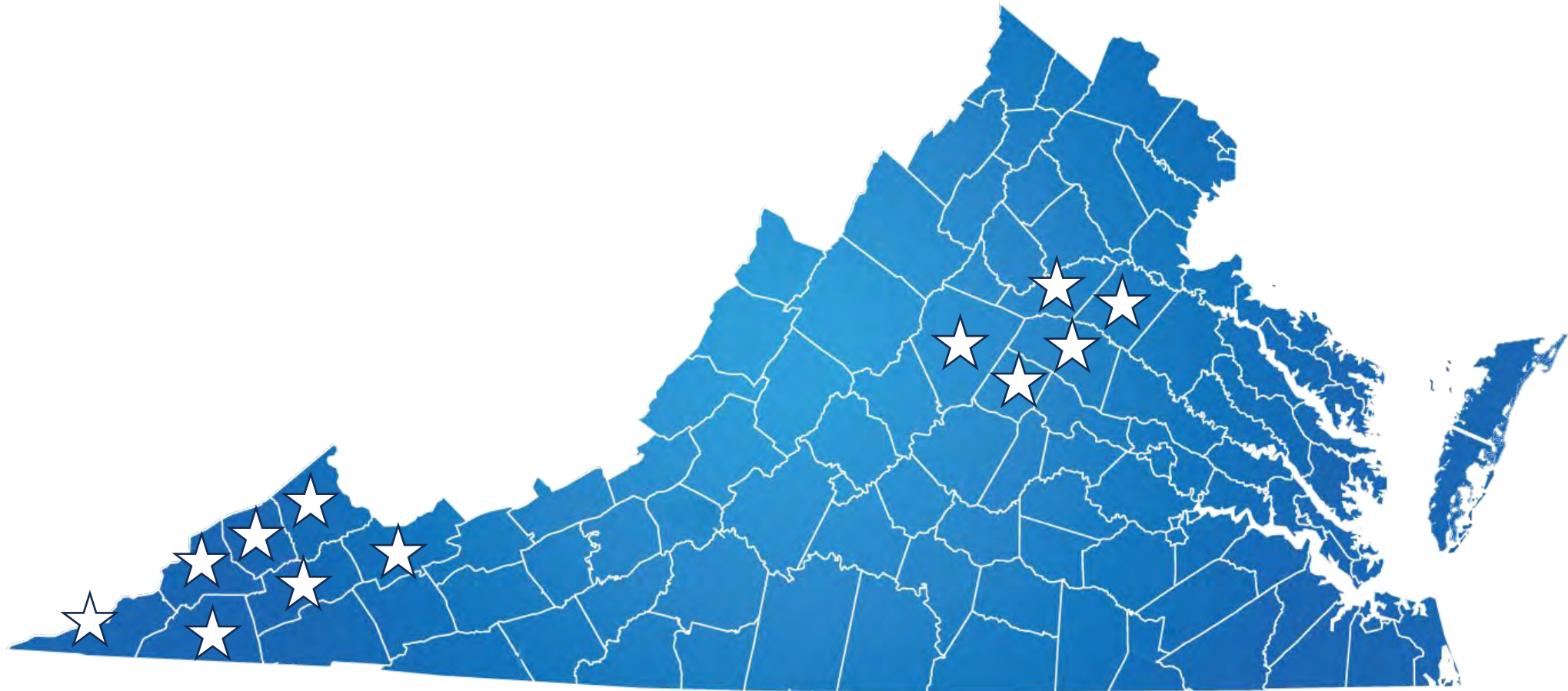
- 2-2 teaching load, but uses grant funds to “buy out” of 1 course each semester (1 course = 12.5%)
- Co-Editor of *Journal of Special Education Technology*
- Faculty Senate Chair (5th year on Senate)
- Serves on range of university and school committees (e.g., teaching awards, faculty wellness)

Kennedy Faculty Load 2023-24



- Advisor for 4 full time doctoral students and 15 masters/undergraduate students
- PI for 4 active research grants (~\$9 million) and two training grants (~\$3 million)
- **Research grants involve working directly with teachers and students in Southwest Virginia schools to improve outcomes for students with disabilities (and all students) and their teachers/family members**

Grant funds awarded to my lab in just the past few years (~\$12 million) have supported research conducted with 73 Virginia teachers and over 6,000 students. These teachers receive free professional development and access to project materials which are then used with students.



External grant dollars
created full time jobs for these
emerging scholars



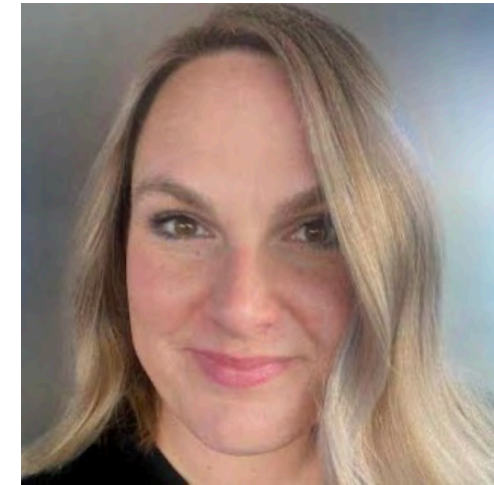
Dr. Christine Powell



Dr. Rachel Kunemund



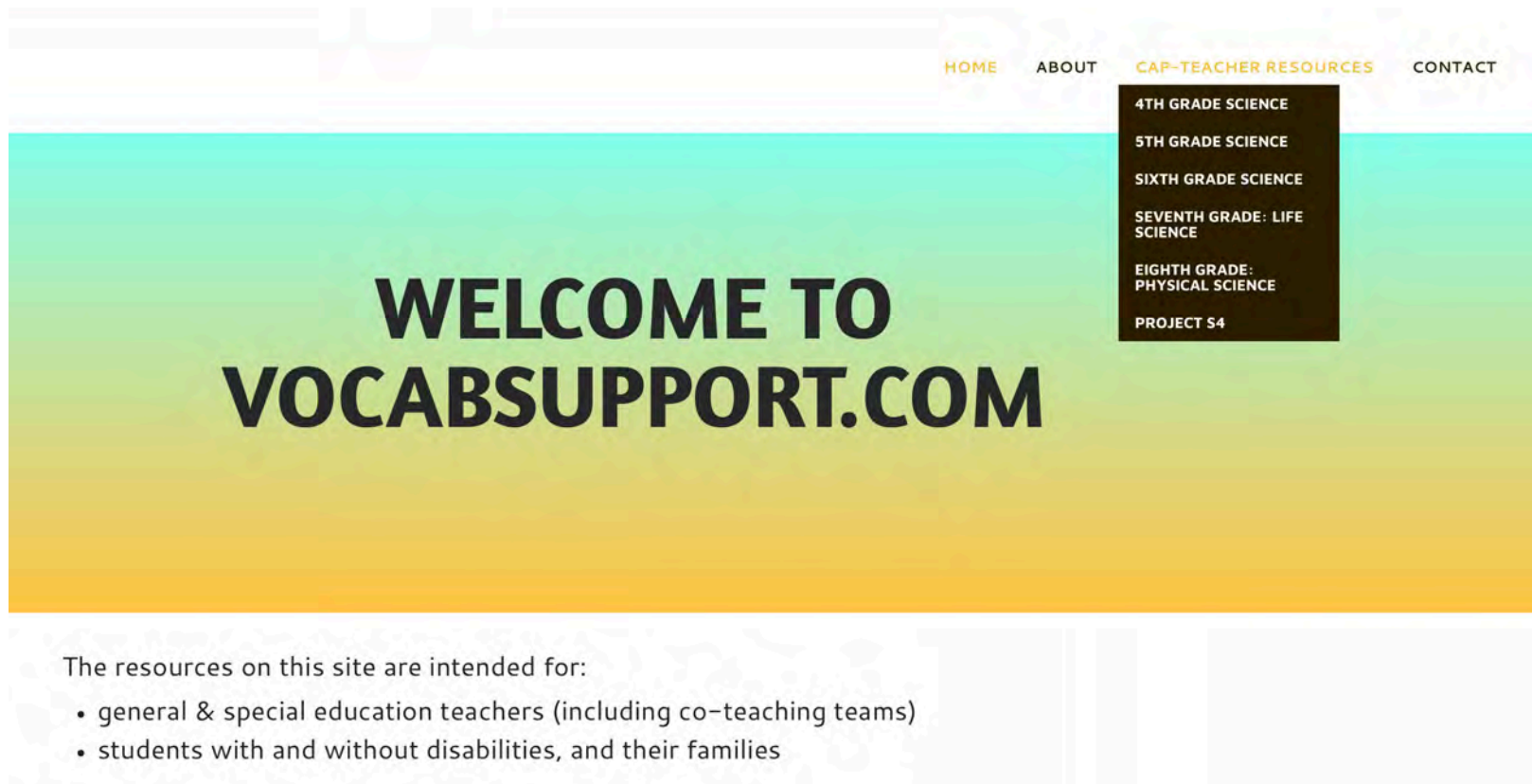
Dr. Olivia Coleman



Research dollars help sponsor undergraduate and graduate students and their research



We use grant funds to sponsor U.Va students as research assistants. Research assistants help design educational materials we provide to teachers and students, and contribute to publications and presentations.



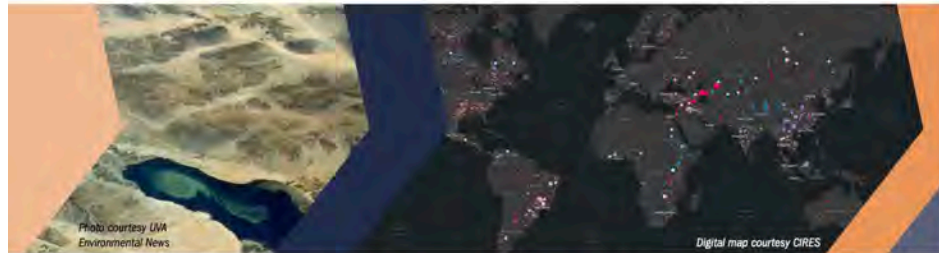
SIGNIFICANT DISCOVERIES



NEWLY DISCOVERED MOLECULE ORCHESTRATES IMMUNE SYSTEM

Neuroscience researchers led by John Lukens discovered that a molecule in the brain is responsible for orchestrating the immune system's responses to Alzheimer's disease and multiple sclerosis, potentially allowing doctors to supercharge the body's ability to fight devastating neurological diseases. The molecule directs immune cells called microglia to remove plaque buildup associated with Alzheimer's and prevent the debris buildup that causes MS.

- Josh Barney



SATELLITES REVEAL WIDESPREAD DECLINE IN GLOBAL LAKE WATER STORAGE

More than 50 percent of the largest lakes in the world are losing water, according to a new assessment published in Science by a group led by Fangfang Yao, and the key culprits are a warming climate and unsustainable human consumption. By tracking lake water storage trends and the reasons behind them with satellites, scientists can give water managers and communities insight into how to better protect critical sources of water and important regional ecosystems.

UVA RESEARCH ANNUAL REPORT // SIGNIFICANT DISCOVERIES

08



NEW TOOL TO IMPROVE CANCER TREATMENT

An algorithm developed by cancer center researchers led by Kristen Naegle offers a new and better way to pinpoint patients who will benefit from powerful cancer drugs called kinase inhibitors, an important step forward in precision medicine tailored to the individual. The algorithm, described in an article for Nature, performs better than existing approaches, and is more applicable to understanding a patient's cancer.

- Josh Barney



HYDROGEN COULD BE MAJOR COMPONENT OF CLEAN ENERGY

Researchers led by Sen Zhang are using electrolysis, using a plentiful renewable energy source such as solar energy, to create hydrogen at an industrial scale. This process is a potential answer to two of the world's most vexing problems: high energy demand and climate change, and is part of the current administration's "Earthshot" challenge to move the nation to net-zero carbon emissions by 2050.

- Eric Williamson

UVA RESEARCH ANNUAL REPORT // SIGNIFICANT DISCOVERIES

09

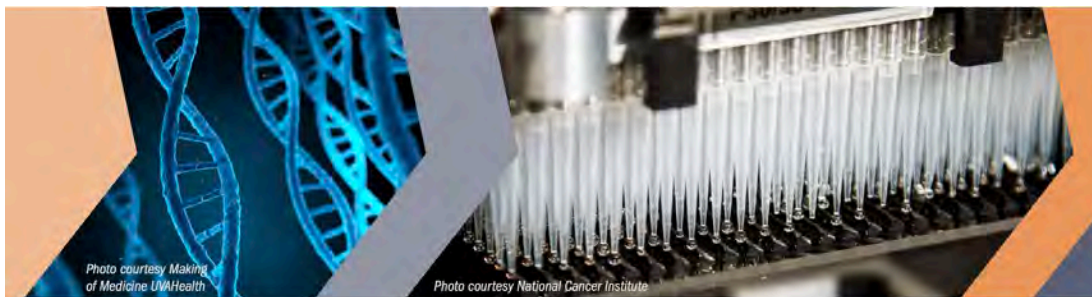


Photo courtesy Making of Medicine UVAHealth

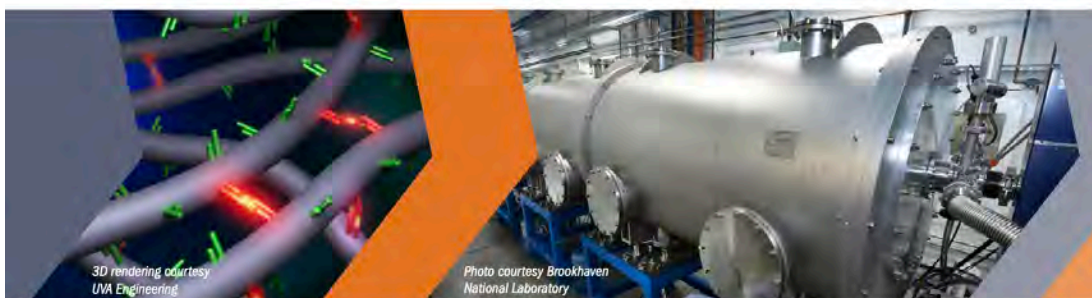
Photo courtesy National Cancer Institute



HISTORIC GENOME ANALYSIS CAN LEAD TO BETTER TREATMENTS FOR MINORITIES

Trans-Omics for Precision Medicine (the TOPMed program) led by Stephen Rich, has analyzed the entire genetic makeup of more than 53,000 people of diverse backgrounds on different continents. Most of the people are from minority groups, which have been historically underrepresented in genetic studies. The increased representation should translate into a better understanding of how heart, lung, blood and sleep disorders affect minorities and help reduce longstanding health disparities.

- Josh Barney



3D rendering courtesy UVA Engineering

Photo courtesy Brookhaven National Laboratory



DISCOVERY CHALLENGES 30-YEAR-OLD DOGMA IN ASSOCIATIVE POLYMERS RESEARCH

A team led by Liheng Cai has published a study about a class of materials called associative polymers that challenges a long-held understanding of how the materials, which have unique self-healing and flow properties, function at the molecular level. The finding has implications on how these materials are used for creating everything from recyclable plastics to human tissue engineering.

- Josh Barney



Photo courtesy CBS19 News

Photo courtesy UVA Communications



NEWLY IDENTIFIED PROCESSES COULD SUPPRESS THE RISK OF DEVELOPING MULTIPLE SCLEROSIS

Researchers led by Mariano Garcia-Blanco have identified a series of processes in cells that suppress the risk of developing multiple sclerosis. They found a gene that acts as a master controller for many other genes important in our susceptibility to MS and the proper functioning of our immune systems, and this discovery could lead to better prevention and treatment therapies.

- Josh Barney



Graphic courtesy UVA Batten Research

Photo courtesy UVA Batten Research

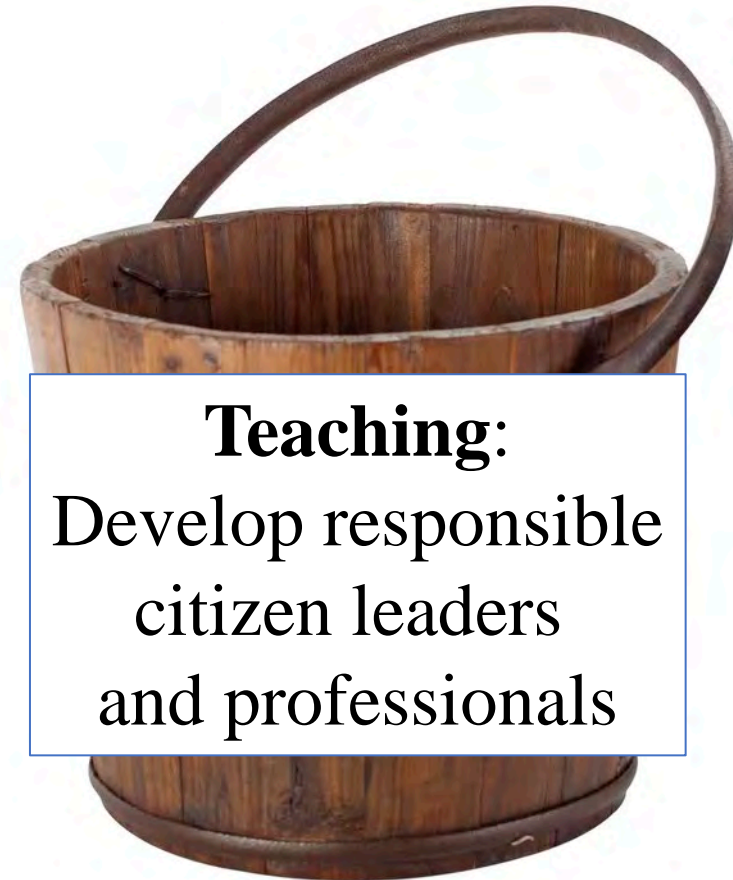


PRIMARY PATH FOR TURNING LEGISLATIVE EFFECTIVENESS INTO SUCCESS

Craig Volden headed a study on whether effective lawmakers in the US Congress receive electoral payoffs of their efforts. Are effective lawmakers better at warding off challengers in the next election? Do they win at a greater rate? To answer these questions, they drew on original data on congressional primary elections from 1980 to 2016, focusing on elections that lack partisan cues and where voters tend to be highly knowledgeable about politics.

- Craig Volden

Syllabus construction
New course approvals
Lecture planning
Rubric construction
Grading, grading, grading
Office hours & other 1-1 meetings
Updating course content
Support students with disabilities
Managing Tas
Advising students



Teaching:
Develop responsible
citizen leaders
and professionals









FROM COURSES TO COOKING ONLINE, UVA'S AWARD-WINNING TEACHERS CONNECT WITH STUDENTS

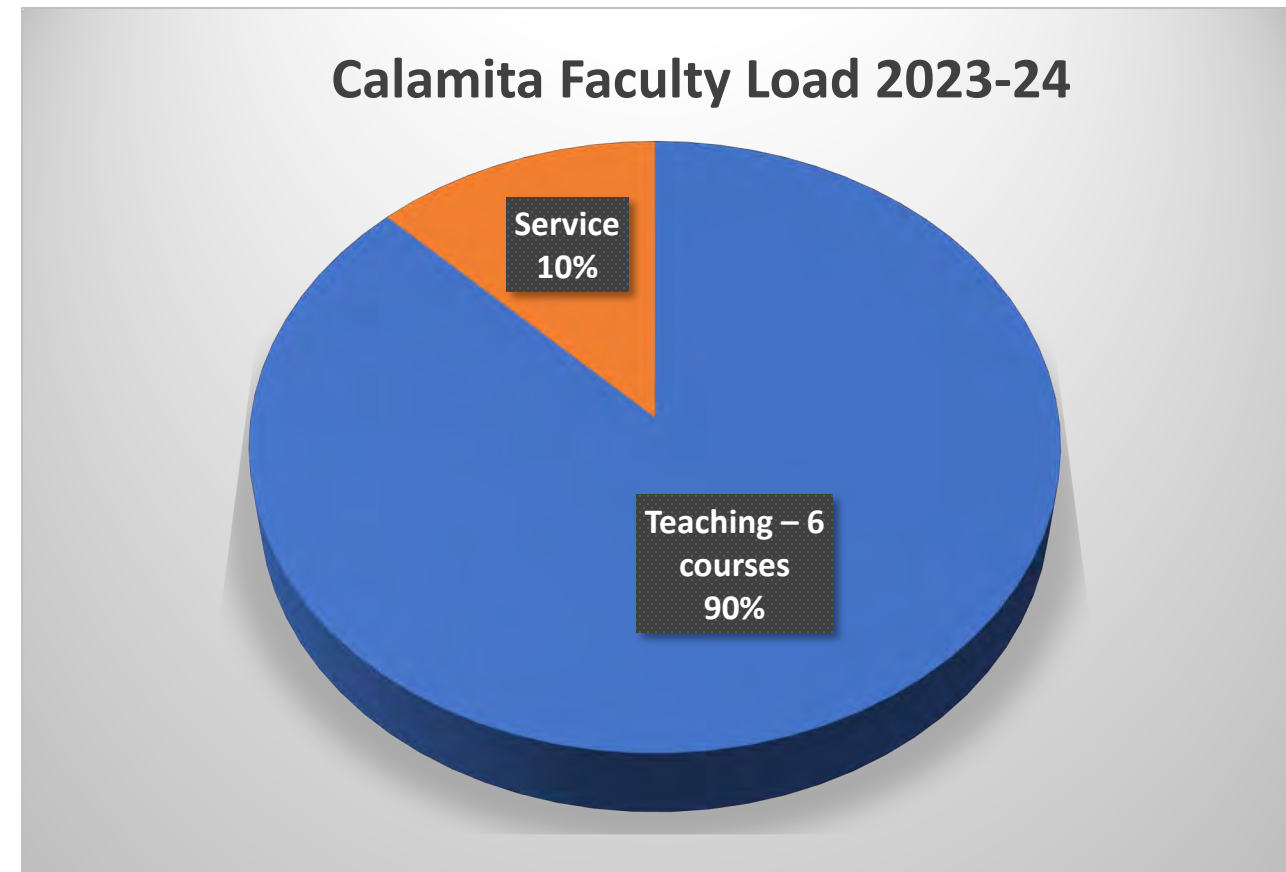


This past year, teaching professors “kicked it up a notch” in expressing compassion and positivity, not only to keep students engaged, but also to build trust and be there as everyone struggled with the difficult times.

Francesca Calamita, Ph.D.
Associate Professor of Italian Studies
College of Arts and Sciences



- **3-3 teaching load – 6 courses a year**
- Director of UG Program in Italian Studies
- Teaches J-Term each year
- Director of U.Va in Italy/Study abroad program



- Served Provost's office on various committees
- Steering committee for Centre for Study of Contemporary Women's Writing at U of London in UK
- Faculty Senator

**U.Va Faculty provide service
to field/community, university,
school, and department/program
including various scholarly
engagements**

Journal editing
Peer review participation
University committees
School committees
Promotions & Tenure participation
Mentoring jr. colleagues
Faculty or school senate
External reviews



Service & Engagements:
Advancing, preserving,
& disseminating knowledge

Ideas and research from U.Va
impact the Commonwealth and the world -
Faculty are drivers of innovation
and dissemination



Since 1997, UVA has been conducting an annual reading screening of children to identify students at risk for reading difficulties and guide supports to students and teachers based on the science of teaching and learning.

School Year	Number of K-3 Students in State who Completed UVA's Literacy Screening
2018-2019	234,191 (96%)
2019-2020	240,207 (96%)
2020-2021	245,240 (95%)
2021-2022	271,208 (97%)
2022-2023	274,718 (97%)

Note: % indicates percentage of eligible K-3 students in VA schools who completed screening

Dr. Kirsten Gelsdorf

Professor of Practice

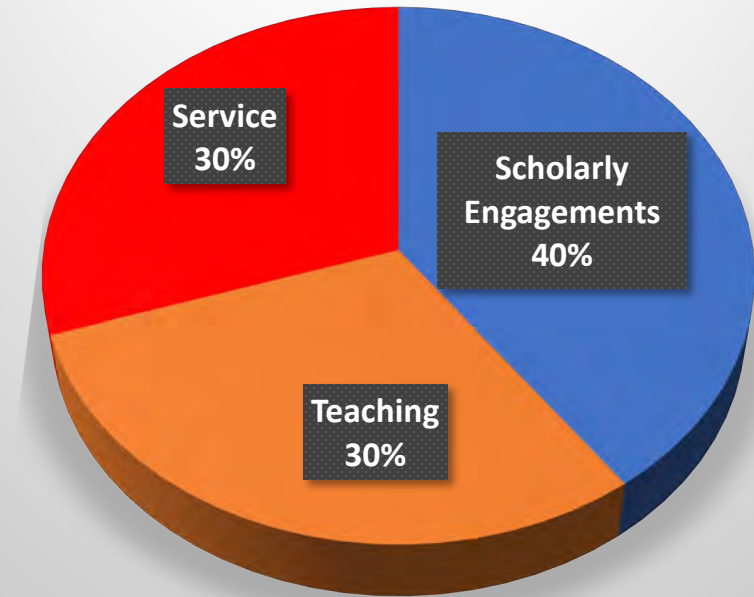
Batten School of Leadership and Public Policy

Former Chief of Policy Analysis, United Nations Office for the Coordination of Humanitarian Affairs



- 40% Engagement, 30% Teaching (incl. Batten's largest elective), 30% Service
- **Co-Director of the UVA Humanitarian Collaborative where 12 faculty and 26 students collaborate with over 20 different global policy practitioners/organizations to address real-time policy and operational challenges.**
- **PI for research and policy grants with Sesame Street Workshop, United Nations, Humanitarian Innovation Fund**
- **Elected to serve on Save the Children's Strategic Advisory Group, the World Economic Forum Advisory Network, and a Senior Fellow at the United Nations Centre for Humanitarian Data**

Gelsdorf Faculty Load 2023-24



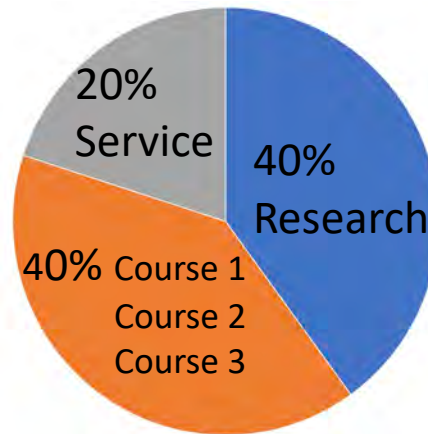
- Research and commentary in The New Yorker, National Public Radio (NPR), Washington Post, Christian Science Monitor and DevEx
- Published *Understanding the Humanitarian World* (Routledge), launched limited-series podcast *Beyond Aid* (CSIS) runs global *Read for Action* initiative
- Serves on 12 University and Batten committees
- State of Virginia Outstanding Faculty Award, the University of Virginia Excellence in Public Interest Research Award, the University of Virginia All-University Teaching Award, and the Batten School Excellence in Service, Engagement, and Teaching

James H. Lambert

Janet Scott Hamilton and John Downman Hamilton Professor
Director, Center for Risk Management of Engineering Systems
School of Engineering & Applied Science



- **Chair, 5th World Congress on Risk, Cape Town**
- **Chair, Annual Meeting, Society for Risk Analysis, Washington D.C.**
- **Chair, 8th Internatl. Engineering Systems Symposium, Charlottesville**
- **Advisory Co-Chair, 10th Internatl. Conference on Control Decision & Info. Technologies, Malta**
- **President (2015-16), Society for Risk Analysis**
- **Editor-in-Chief, Springer journal**
- Site Director, NSF Center for Hardware & Embedded Systems Security & Trust
- Sponsors: US National Science Foundation, USACE, Port of VA, USAID, VDOT, CCALS, MITRE Corporation, Transportation Security Administration, Federal Aviation Administration
- Fellow of AAAS, IEEE, SRA, ASCE; P.E.
- Chair-Elect, Faculty Senate
- Faculty Representative, UVA Athletics Advisory Council



Seeing patients
Surgery
Office hours
Home visits
Mentoring
Supervising
Teaching
Research links
Clinical trials



Clinical:
World class
patient care



#1 Children's Hospital in Virginia, 3 Years in a Row

U.S. News & World Report has again ranked UVA Health Children's the best children's hospital in the state, with 9 of our pediatric specialties in the top 50 in the nation. We're thankful we can offer this world-class care — because your kids mean the world to us.



SEE OUR RANKINGS

<https://uvahealth.com>

Taison D. Bell, MD, MBA

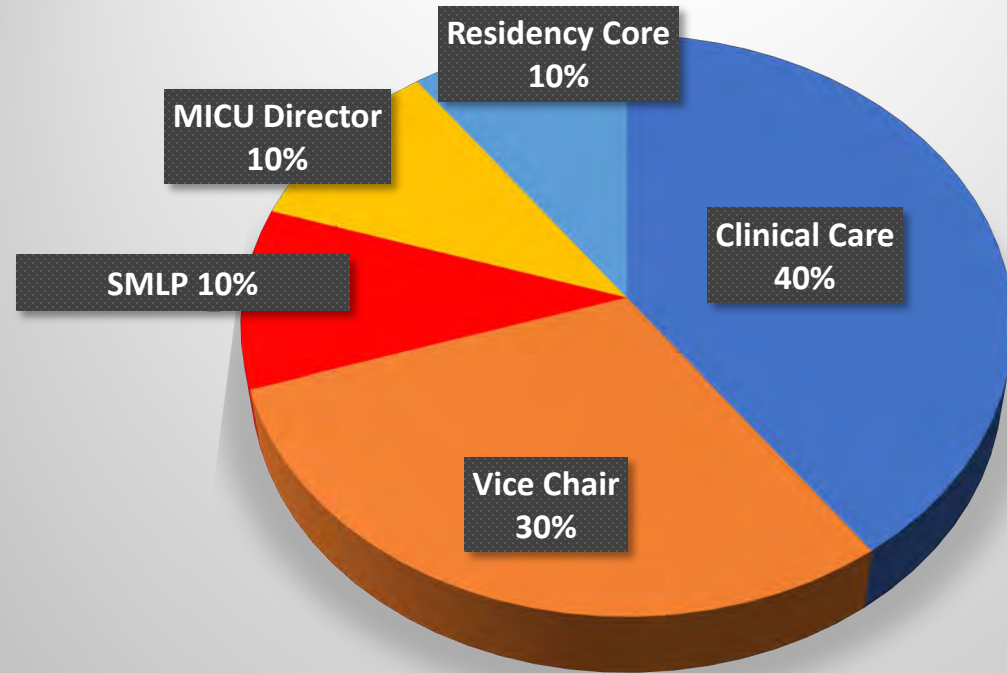
Associate Professor of Medicine
School of Medicine

Former CLAS 2005, Darden 2020



- Attending physician in the Medical Intensive Care Unit at UVA Health 12 weeks per year
- Attending physician on the Infectious Diseases Consult Service at UVA Health 4 weeks per year
- Vice Chair for Faculty Affairs in the Department of Medicine
- Director of the Summer Medical Leadership Program for disadvantaged premedical students

Bell Faculty Load 2023-24



- Core faculty for the Internal Medicine Residency Program
- Course director for the phase 3 medical student critical care rotation
- Co-chair of the University Physicians Group Investment Committee
- Teaching a USEM course on the COVID-19 pandemic in the spring
- Collaborative research group applying machine learning and deep learning models to detect bloodstream infection



SUMMARY



We are defined by:

- Our enduring commitment to a vibrant and unique residential learning environment marked by the free and collegial exchange of ideas;
- Our unwavering support of a collaborative, diverse community bound together by distinctive foundational values of honor, integrity, trust, and respect; and
- Our universal dedication to excellence and affordable access.



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- Our enduring commitment to a vibrant and unique residential learning environment marked by the free and collegial exchange of ideas;
- Our unwavering support of a collaborative, diverse community bound together by distinctive foundational values of honor, integrity, trust, and respect; and
- Our universal dedication to excellence and affordable access.

The faculty of this great university deliver on this promise year in and out, and will always do whatever is needed to ensure the success of our students, patients, and community



Any questions?

Thank You!



**AMENDED AND RESTATED
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
REVISED September 14, 2010
REVISED September 15, 2011
REVISED May 21, 2012
REVISED September 17, 2015
REVISED February 28, 2018
Revised March 4, 2021
Revised December 10, 2021

Revised January, 2023 (HSB board date TBD) December 7, 2023

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**AMENDED AND RESTATED
BYLAWS
OF THE CLINICAL STAFF
OF THE UNIVERSITY OF VIRGINIA MEDICAL CENTER**

PREAMBLE

WHEREAS, the University of Virginia Medical Center (“Medical Center”) and University of Virginia ~~Transitional Care Hospital (“Transitional Care Hospital” or “TCH”)~~ are integral parts 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 its health system (hereinafter “UVA Health”);
WHEREAS, the Medical Center is an academic medical center comprised of an acute care teaching hospital, a Children’s Hospital within that hospital, outpatient clinics, clinical outreach programs, and related health care facilities, as designated by the Health System Board 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 Transitional Care Hospital is a long term acute care hospital located in Charlottesville, Virginia; and~~

~~WHEREAS, the Medical Center and TCH have heretofore had separate clinical staffs to whom the Health System Board, as the governing body, has delegated the responsibility for the provision of quality clinical care provided throughout the Medical Center and TCH respectively (the “Clinical Staffs”); and~~

~~WHEREAS, on December 10, 2021 the Health System Board authorized the unification of the Clinical Staffs; and~~

WHEREAS, Clinical Staff Bylaws ~~of each of the Medical Center and TCH have~~ heretofore set forth the requirements for membership on the Clinical Staff ~~of each hospital~~, 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 ~~each of~~ the Clinical Staff; and

~~WHEREAS, given unification of the Clinical Staffs, adoption of bylaws applicable to both the Medical Center and TCH is now necessary and appropriate; and~~

~~WHEREAS, for purposes of these Amended and Restated Bylaws, including the definitions, provisions and requirement hereof, the term “Medical Center” as used throughout shall refer, as applicable, to both the Medical Center and TCH.~~

NOW, THEREFORE, these Bylaws are adopted by the Clinical Staff and approved by the Health System Board to accomplish the aims, goals, and purposes set forth in these Bylaws.

MISSION, VISION AND VALUES OF UVA HEALTH

Mission

~~To provide excellence, innovation and superlative quality in the care of patients, the training of health professionals, and the creation and sharing of health knowledge within a culture that promotes equity, diversity and inclusiveness. Transforming health and inspiring hope for all Virginians and beyond~~

Vision

~~In all that we do, we work to benefit human health and improve the quality of life. We will be:~~

- ~~• Our local community's provider of choice for its healthcare needs~~
 - ~~• A national leader in quality, patient safety, service and compassionate care~~
 - ~~• The leading provider of technologically advanced, ground-breaking care throughout Virginia~~
 - ~~• Recognized for translating research discoveries into improvements in clinical care and patient outcomes~~
 - ~~• Fostering innovative care delivery and teaching/training models that respond to the evolving health environment~~
 - ~~• A leader in training students and faculty in providing healthcare free of disparity~~
- To be the nation's leading public academic health system and a best place to work – while transforming patient care, research, education, and engagement with the diverse communities we serve.

Values

ASPIRE Values

At UVA Health, we put the patient at the center of everything we do. We ASPIRE to create a culture of trust, respect and engagement through our values:

Accountability: Acknowledging and assuming responsibility for where we have succeeded and failed in terms of our actions, decisions, policies and results

Stewardship: ~~Responsibility and carefully managing our resources and commitment to continual improvement and learning while acknowledging shortcomings or problems in our quest~~Managing our resources and commitment to continual improvement and learning responsibly and carefully while acknowledging shortcomings or problems in our quest

Professionalism: Approaching all that we do in a collaborative way and, delivering excellent care through the lens of helpfulness, positivity, kindness and competency

Integrity: Being honest, open, and fair through our behaviors, attitude and treatment of others

Respect: Valuing everyone through our compassionate and caring ways ~~Being mindful of building a diverse and inclusive environment while showing compassion for everyone through our caring and intentional ways~~

ExcellenceEquity: Conducting ourselves in a manner that surpasses ordinary standards through preparation, collaboration and proactivity in all that we do Fostering an environment of belonging that promotes justice, equity, diversity, inclusion, and unity throughout the organization and within the communities we serve.

UVA Health Goals

- ~~Become the safest place to receive care.~~
- ~~Be the healthiest work environment.~~
- ~~Provide exceptional clinical care.~~
- ~~Generate biomedical discovery that betters the human condition.~~
- ~~Train healthcare providers of the future to work in multi-disciplinary teams.~~
- ~~Ensure value-driven and efficient stewardship of resources.~~
- Care for, empower, and support our fellow team members in everything we do
- Strive for excellence across all missions
- Make transparent and data-driven decisions in the long-term best interest of the organization
- Provide the highest quality, unparalleled safety, and an exceptional care experience
- Be a learning organization committed to innovation and continued development of ourselves and others
- Have clear objectives, measure results, and celebrate successes
- Deepen community engagement and foster health communities

ARTICLE I DEFINITIONS

“Active Clinical Staff” mean those Members of the Clinical Staff who meet the criteria set forth in Section 4.4.1 of these Bylaws.

~~“Active Clinical Staff—Provisional” means those Members of the Clinical Staff who are in their first year of appointment as an Active Member of the Clinical Staff as described in Section 4.4.1 of the Bylaws.~~

“Administrative Clinical Staff” mean those Members of the Clinical Staff who meet the criteria set forth in Section 4.4.3 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 9.2 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.

“Advanced Practice Providers” means but is not limited to, Optometrists, Audiologists, Certified Substance Abuse Counselors, Licensed Professional Counselors, Licensed Clinical Social Workers, Clinical Nurse Specialists, Genetic Counselors, Nurse Practitioners, Physician Assistants, Certified Registered Nurse Anesthetists and Certified Nurse Midwives.

“Advanced Practice Providers Manual” means the Medical Center Advanced Practice Providers Credentialing Manual, as such may be in effect from time to time. The Advanced Practice Providers Manual is incorporated by reference into these Bylaws.

“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.

“Associate Chief Medical Officers (ACMO)” means Active Members in good standing who are appointed by the CMO, in consultation with the Chief Executive Officer and who are responsible for assisting the Clinical Staff in performing their assigned functions, in coordinating such functions with the responsibilities and programs of the Medical Center including compliance with all relevant policies concerning the operations of the Medical Center, and the performance of other duties as outlined in these Bylaws may be necessary from time to time. Each ACMO is accountable to the CMO.

“Be Safe” means to advance the University of Virginia Medical Center’s status as the safest place to work and to receive care. The core belief is that patient and team member safety are preconditions to excellence in health care, and that collective system-wide focus on these areas will jointly improve outcomes and develop broad capacity to engage in organizational problem solving and continuous improvement. Based in Lean management principles, the Be Safe program emphasizes real-time root cause problem solving, the use of standard work as a basis for improvement, and rapid escalation of

safety issues within a tiered chain of leadership support.

“Board Certified” means that a Practitioner, if a Physician, is certified as a specialist by a specialty board organization, recognized as such by the American Board of Medical Specialties, or the American Osteopathic Association’s Council for Graduate Medical Education; if an Oral Surgeon, is specialty certified as such by the Virginia Board of Dentistry and the American Board of Maxillofacial Surgery; if a Podiatrist, is certified by the American Board of Podiatric Surgery; and if a Dentist, is certified by the American Board of Dentistry; and if a clinical pathologist, is certified by a CLIA-approved certifying agency such as the American Board of Clinical Chemistry.

“Board Qualified” means a Practitioner has met the educational, post-graduate training and skill qualifications, and is currently eligible to sit, within a specified amount of time for a board certification examination of a specialty board recognized by the American Board of Medical Specialties, the American Osteopathic Association, American Dental Association or the American Podiatric Medical Association or a CLIA-approved certifying agency such as the American Board of Clinical Chemistry.

“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 UVA Health System Board, as applicable, to serve as its representative in the overall administration of the Medical Center.

“Chief Medical Officer” means an Active Member in good standing, appointed by the CEO who is responsible for assisting the Clinical Staff in performing its assigned functions, in coordinating such functions with the responsibilities and programs of the Medical Center including compliance with all relevant policies concerning the operations of the Medical Center, and the performance of other duties as may be necessary from time to time.

“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 the formal organizations of all licensed Physicians, Dentists, PhD Clinical Psychologists, PhD Clinical Pathologists and Podiatrists who may practice independently and who are granted recognition as Members under the terms of 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 XI 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” mean those representatives selected by the Clinical Staff to serve on the Clinical Staff Executive Committee as provided in Article XI.

“Clinical Staff Year” means 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 Providers who hold clinical privileges that is described in [Medical Center Policy No. 0291 \(“Code of Conduct for Providers who Hold Clinical Privileges”\)](#).

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

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

“Complete Application” means an application for either initial appointment or reappointment to the Clinical Staff, or an application for clinical privileges that has been determined by the applicable Chair (or the Chair’s Deputy), the Credentials Committee, the Clinical Staff Executive Committee (CSEC), and the UVA HSB to meet the requirements of these Bylaws and related policies and procedures. Specifically, to be complete, the application must be submitted on a form approved by CSEC, UVA HSB and include all required supporting documentation and verifications of information, and any additional information needed to perform the required review of qualifications and competence of the applicant.

“Compliance Code of Conduct” means the Medical Center Compliance Code of Conduct that is described in [Medical Center Policy No. 0235 \(“Compliance Code of Conduct”\)](#).

“Credentialing” means the process of verifying the authenticity and adequacy of a Practitioner’s educational, training, and work history in order to determine whether the individual meets predefined criteria for membership and/or privileges.

“Credentials Manual” means the Clinical Staff and Resource Manual as such may be in effect from time to time. The [Credentials Manual](#) is an associate manual to these Bylaws.

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

“Dean” means the 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~~Clinical Practice Group with respect to ~~Regional Primary Care~~Clinical Practice Group, the Chief Medical Officer with respect to Community Medicine, and the UPG Medical Director of Outreach programs for Outreach Physicians.

“Deputy” means the one active member of the Clinical Staff appointed by the Department Chair for one year for the sole purpose of attending meetings of CSEC when the Department Chair is unable to attend those meetings. Only one Deputy shall be appointed each year. The Deputy may attend CSEC meetings and vote in place of the Chair and will count in establishing the quorum.

“Disaster Privileges” means those Clinical Privileges granted during a declared disaster as more specifically provided in Section 6.10 of these Bylaws.

“Division” means a subdivision of a Department.

“Emergency Privileges” means those Clinical Privileges granted already existing Practitioners to provide emergency treatment outside the scope of their existing privileges in order to save the life, limb, or organ of a patient as provided in Section 6.9 of these Bylaws.

“Executive Vice President for Health Affairs (“EVPHA”) means an individual appointed by the Board of Visitors with operational, financial and strategic oversight of the Medical Center, School of Medicine, and Health Sciences Library.

“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 a structured and time-limited evaluation of the competence of a practitioner to safely exercise a clinical privilege or set of privileges. FPPE is performed at the time of initial appointment to the clinical staff; upon the request of a new privilege, if the practitioner cannot provide prior documentation of competence to perform the requested procedure; or when a question arises regarding the ability of a currently privileged practitioner to competently and safely exercise the privileges he or she is currently granted. See [Medical Center Policy No. 0279](#) (“Professional Practice Evaluations for Privileged Providers”) and [the Credentials Manual](#).

“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 Trainee Staff” or “GME Trainee” means 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 IX herein.

“Honorary Clinical Staff” mean those Members of the Clinical Staff who meet the criteria set forth in Section 4.4.4 of these Bylaws.

“Hospital-Based Specialty” means the clinical services of anesthesia, emergency medicine, pathology, radiology, and radiation oncology.

“In Good Standing” means a Member is currently serving without any limitation of prerogatives imposed by operation of the Bylaws or policies of the Medical Center.

“Investigation” means the process specifically authorized by these Bylaws in order to perform a final assessment of whether a recommended corrective action is warranted.

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

“Licensed Independent Practitioners or LIPs” means licensed independent practitioners who provide medical care to patients, in accordance with state licensing laws.

“Medical Center” or “UVAMC” means the University of Virginia academic medical center comprised of the acute care hospital, long term acute care hospital (TCH), inpatient and outpatient clinics, clinical outreach programs, and related health care facilities as designated by the UVA Health System Board from time to time.

“Medical Center Policy” means policies of the University of Virginia Medical Center, and/or University of Virginia Transitional Care Hospital Policy Manuals, as may be applicable.

“NP Autonomous Provider” means a Nurse Practitioner who is a registered professional nurse licensed by the Commonwealth of Virginia to practice without a collaborating, or practice, agreement with a licensed physician.

“UVA Health System Board” or “Operating Board” or “UVA HSB” means the governing body of the Medical Center as designated by the Board of Visitors.

“UVA Health System Board Quality Subcommittee” or “UVA HSB Quality Subcommittee” means a Committee of the UVA HSB with oversight of the quality and safety of care in the Medical Center and as designated by the UVA HSB from time to time.

“Medical Director” means a clinical staff member in good standing who provides medical direction and leadership for a specific function at UVAMC. Responsibilities include administrative and clinical duties. Medical Directors are appointed by the CMO, and report to the CMO through the appropriate ACMO.

“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, Ph.D. Clinical Pathologist or APP 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 X of these Bylaws.

“Ongoing Professional Practice Evaluation (“OPPE”)” means a process that allows identification of professional practice trends of practitioners who have been granted clinical privileges -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 \(“Professional Practice Evaluations for Privileged Providers”\)](#) and the [Credentials Manual](#).

“Peer” means a Practitioner or clinician whose interest and expertise as documented by clinical practice is reasonably determined to be comparable 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 doctoral degree (e.g., Ph.D., or D.Sc.) in a scientific discipline and completed additional clinical training in an area of clinical 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.

“Practitioner” means a care provider privileged through the processes in these Bylaws.

“Prerogative” means the participatory rights granted, by virtue of staff category or otherwise, to a Clinical Staff Member, which is exercisable subject to, in accordance with, the conditions imposed by these Bylaws.

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

“Privileging” means the process of granting the right to examine and treat patients after verification of the authenticity and adequacy of a Practitioner’s educational, training, and work history.

“Proctor” means an LIP in good standing at the University of Virginia Medical Center, who holds the privilege being monitored.

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

“Resident” means an individual who has been awarded an M.D., D.O., a D.D.S., or a Ph.D. in clinical psychology who is participating in a program of post-doctoral education in anticipation of fulfilling the requirements for first board certification.

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

“Standing Committee of the Clinical Staff Executive Committee” means a duly-authorized Committee of the Clinical Staff reporting to the Clinical Staff Executive Committee.

“Temporary Privileges” means those Clinical Privileges granted for a period not to exceed 120 days as more specifically described in Section 6.8 of these Bylaws.

~~“TCH Policy” means the administrative and patient care policies applicable only at TCH.~~

“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.

~~“UVA Community Health, Inc. (UVA Community Health)” means the not-for-profit Virginia corporation that owns, directly and indirectly, various health care organizations including but not limited to acute care hospitals, inpatient and outpatient clinics, and the physician group practice UVA Community Health Medical Group, LLC and its clinics.~~

~~“UVA Community Health Medical Group, LLC (CHMG)” means the not-for-profit Virginia limited liability company serving as the physician group practice of UVA Community Health that employs physicians and advanced practice providers who provide care within the UVA Community~~

“University Physicians Group (UPG)” means the physician group practice of the University of Virginia, representing doctors and other Advance Practice Providers who provide care within the Medical Center.

“Vice President” means the Vice President of the Clinical Staff as described in Article X of these Bylaws.

ARTICLE II GOVERNANCE OF THE MEDICAL CENTER

2.1 UVA HEALTH SYSTEM BOARD

The UVA Health System 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 UVA HSB. The UVA HSB 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 UVA HSB. 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 UVA HSB. 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 XI hereof.

ARTICLE III NAME AND PURPOSE

3.1 NAME

The name of the clinical staff organization shall be the “Clinical Staff” of the University of Virginia Medical Center (UVAMC). The organized Clinical Staff is accountable to the UVA Health System Board. For the purposes of these Bylaws, the words “Clinical Staff” shall be interpreted to include all Physicians, Dentists, Podiatrists, PhD Clinical Psychologists and PhD Clinical Pathologists who are authorized to provide care to patients of the UVAMC, including its outpatient facilities, and in any other medical care activity administered by UVAMC.

3.2 STATEMENT OF PURPOSE

The purposes of the Clinical Staff Bylaws are to:

1. Facilitate the provision of quality care to patients of the University of Virginia Medical Center and in any other medical care activity administered by the Medical Center without any form of discrimination.
2. Clarify roles and responsibilities of Clinical Staff Members and Officers of the UVAMC.
3. Promote professional standards among members of the Clinical Staff.
4. Provide a means whereby problems may be resolved by the Clinical Staff with the collaboration of the UVA HSB.
5. Create a system of self-governance, and to initiate and maintain, policies and procedures governing the conduct of Clinical Staff, subject to the ultimate authority of the UVA HSB.

3.3 THE PURPOSES OF THE ORGANIZED CLINICAL STAFF

The purposes of the organized Clinical Staff of the UVAMC are:

1. To provide quality medical care to all patients admitted or treated in any of the UVAMC facilities
2. To establish and maintain high professional and ethical standards
3. To establish and maintain collaborative, collegial relationships within the Clinical Staff and between all team members
4. To oversee the quality of professional services by all practitioners with clinical privileges
5. To provide a formalized organizational structure to facilitate the credentialing and review of the professional activities of practitioners and to make recommendations to the UVA HSB on appointment and/or clinical privileges granted to such individuals
6. To appropriately delineate, in conjunction with the UVA HSB, the clinical privileges each practitioner may exercise through the continued review and evaluation
7. To stimulate, promote and conduct research in human health, disease and delivery of medical care
8. To cooperate with the various academic units of the University, affiliated hospitals and other health facilities and maintain standards at predoctoral and postdoctoral levels
9. To initiate and maintain rules for governance of the Clinical staff and provide a means whereby issues and problems concerning the Clinical staff can be discussed and resolved
10. To initiate, develop, review, approve, implement and enforce these Bylaws and associated Clinical Staff policies
11. To provide a means for effective communication among the Clinical staff, administration and the UVA HSB on matters of mutual concern
12. To collaborate with Health System leadership to continuously enhance the quality, safety and efficiency of patient care, treatment and services as delegated to CSEC by the UVA HSB

ARTICLE IV CLINICAL STAFF MEMBERSHIP AND CLASSIFICATION

4.1 MEMBERSHIP

Membership on the Clinical Staff shall be extended to Physicians, Advanced Practice Providers, Dentists, Podiatrists, and PhD Clinical Psychologists and PhD Clinical Pathologists who continuously meet the requirements, qualifications, and responsibilities set forth in these Bylaws and who are appointed by the UVA HSB. Membership on the Clinical Staff or clinical privileges shall not be granted or denied on the basis of race, religion, color, age, sexual orientation, gender, or gender identity, gender expression, national origin, ancestry, economic status, marital status, veteran status, or disability, provided the individual is competent to render care of the generally-recognized professional level of quality established by the Clinical Staff Executive Committee and the UVA HSB, and provided the UVAMC services occur in the appropriate environment of care setting.

No Physician, Advanced Practice Provider, Dentist, Podiatrist, PhD Clinical Psychologist, or PhD Clinical Pathologist shall admit or provide services to patients in UVAMC facilities unless he/she is a Member of the Clinical Staff, ~~a Non-Member with Privileges, or Privileges, or has been granted Temporary, Disaster, or Emergency Privileges~~ in accordance with the procedures set forth in these Bylaws.

GME Trainees who are in a UVAMC approved residency program (GME Policy 02) shall not be eligible for membership on the Active Clinical Staff and shall be under the supervision of the GME Program Director and/or an attending Physician. A Department Chair may request privileges for GME Trainees to perform clinical work in a medical discipline ~~which they have had previous training outside their training program at a UVAMC facility.~~ Such Applicants must meet the requirements, qualifications and responsibilities for such privileges and are subject to such policies and procedures as may be established by the Credentials Committee and the Clinical Staff Executive Committee. Graduate Medical Trainee appointments and job descriptions including job qualifications and current competencies are maintained by the Graduate Medical Education Office and by the Clinical Competency Committees of their respective academic departments.

4.2 EFFECT OF OTHER AFFILIATIONS

No Physician, Advanced Practice Provider, Dentist, Podiatrist, PhD Clinical Psychologist or PhD Clinical Pathologist shall be automatically entitled to Clinical Staff membership, a particular Clinical Staff category or to exercise any particular clinical privilege merely because he/she hold a certain degree; is licensed to practice in Virginia or any other state; is a member of any professional organization; is certified by any clinical board; previously had membership or privileges at UVAMC; or had, or presently has, staff membership or privileges at another health care facility. Clinical Staff membership or clinical privileges shall not be conditioned or determined on the basis of an individual's participation or non-participation in a particular medical group, IPA, PPO, PHO, or Medical Center sponsored foundation.

4.3 REQUIREMENTS FOR CLINICAL STAFF MEMBERSHIP

4.3.1 NATURE OF CLINICAL STAFF MEMBERSHIP

Membership on the Clinical Staff is a an honor that shall be limited to professionally competent Practitioners who continuously meet the qualifications, requirements and responsibilities set forth in these Bylaws, in applicable Medical Center policies, including but not limited to Medical Center Policy No. 0291 (“Code of Conduct for Providers who Hold Clinical Privileges”) 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.

4.3.2 BASIC QUALIFICATIONS OF CLINICAL STAFF MEMBERSHIP

In order to obtain or maintain membership on the Clinical Staff and in order to be granted privileges as a Member of the Clinical Staff, Applicants must have and document:

1. A faculty appointment in the School of Medicine, ~~and/or~~ an employment contract with UPG ~~or an employment contract UVA Community Health Medical Group, LLC, -or with UVA- Community Health.~~
2. The SOM faculty appointment and UPG or UVACH employment requirements may be waived for Medical Center employed APPs with written support from Chief Medical Officer and President of the Clinical Staff;
3. A current, unrestricted license, if such license is required by Virginia law, -to practice medicine and surgery, dentistry, clinical psychology PhD or clinical pathology PhD in the Commonwealth of Virginia; or as an advanced practice provider.
3. Board certification and active participation in Maintenance of Certification (MOC) or an approved alternate pathway to ensure competency as specified in Medical Center Policy 0221, or a current exemption from Board certification approved by the Credentials Committee under conditions specified in Medical Center Policy 0221(Board Certification Requirements for Medical Center Providers with Clinical Privileges);
4. Eligibility to participate in Medicare, Medicaid and other federally sponsored health programs; and
5. Members shall have in force professional liability insurance satisfactory to the Medical Center which covers all privileges requested.

A Practitioner who does not meet these basic requirements is ineligible to apply for Clinical Staff membership, and the application shall not be accepted for review, except that Members of the Administrative and Honorary Staff do not need to comply with these basic qualifications. If it is determined during the processing that the Applicant does not meet all of the basic qualifications, the review of the application shall be discontinued. An Applicant who does not meet the basic qualifications is not entitled to the procedural rights set forth in Article IX.

4.3.3 GENERAL REQUIREMENTS OF CLINICAL STAFF MEMBERSHIP

In order to obtain or maintain membership on the Clinical Staff and in order to be granted clinical privileges as a member of the clinical staff, applicants must demonstrate:

- A. Current competency. Applicants for staff privileges shall have the background, relevant training, experience and competency that are sufficient to demonstrate to the satisfaction of the Credentials Committee and the UVA HSB that he or she can capably and safely exercise clinical privileges

within the Medical Center. Current competency shall be demonstrated as described in Medical Center Policy No. 0291 (“Code of Conduct for Providers who Hold Clinical Privileges”) and Medical Center Policy No. 0305 (“General Requirements for Clinicians Holding Clinical Privileges”).

- B. Compliance with Bylaws and Policies. Compliance with the Bylaws, Clinical Staff policies, Departmental and Service rules and regulations, as well as all enunciated policies of the Medical Center.
- C. Appropriate Management of Medical Records. Preparing in legible and accurate form, completing within prescribed timelines and maintaining the confidentiality of medical records for all patients to whom the Member provides care in UVAMC facilities in accordance with applicable policies of the Medical Center and the University Physicians Group. This shall include, but is not limited to, performing histories and physicals and completing all necessary documentation as required by Medical Center Policy 0094 (“Documentation of Patient Care (Electronic Health Record)”) which is incorporated herein by reference.
- D. A medical history and physical examination (H&P) shall be completed no more than thirty (30) days before or twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services. An updated examination of the patient, including any changes in the patient’s condition, be completed and documented within twenty-four (24) hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, when the medical history and physical examination is completed within thirty (30) days before admission or registration. The updated examination of the patient, including any changes in the patient’s condition, must be completed and documented by a physician, an oral and maxillofacial surgeon, dentist, podiatrist, or other qualified licensed individual in accordance with State law and Medical Center policy. (see Medical Center Policy No. 0094, “Documentation of Patient Care (Electronic Health Record)”.

4.3.4 SUPERVISION OF GRADUATE MEDICAL TRAINEES

The Clinical Staff are responsible for supervising participants in the Graduate Medical Education program in the performance of clinical activities within the Medical Center. The Clinical Staff member shall meet the requirements as contained in the GME Policy and Procedure 012, and applicable Medical Center and Departmental policies and as required by the ACGME and noted on the [ACGME website](#).

4.3.5 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, and advanced practice providers, as appropriate;
- B. Engaging in conduct that is professional, cooperative, respectful and courteous of others and is

consistent with and reinforcing of the mission of the Medical Center; see Medical Center Policy 0291 (“Code of Conduct for Providers who Hold Clinical Privileges”) and Medical Center Policy Medical Center Policy No. 0305 (“General Requirements for- Clinicians Holding Clinical Privileges”).

- C. Attending meetings of the Clinical Staff, Department, Division, as appropriate, and committees to which a Member has been appointed, as required; and
- D. 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 UVA HSB.

4.4 CATEGORIES OF THE CLINICAL STAFF

The categories of Clinical Staff membership shall be divided into the Active Staff, Advanced Practice Provider Staff, Associate Staff, Administrative Staff, and Honorary Staff. Non-members include Contract Physicians, Consulting Clinical Staff, Telemedicine providers, Graduate Medical Trainees, and Re-Entry Physicians. Each time Clinical Staff membership is granted or renewed, or at other times deemed appropriate, the Clinical Staff Executive Committee, and subsequently the UVA HSB, will approve the member’s staff category. Licensed independent practitioners in the following categories are authorized to perform medical screening exams as required by the Emergency Medical Treatment and Active Labor Act (EMTALA): Active Staff, Associate Staff, specific Advanced Practice Provider Staff (NPs Nurse Practitioner Physician Assistant and Certified Nurse Midwives), Contract Physicians, Consulting Clinical Staff, and Graduate Medical Education Trainees.

Each Clinical Staff Member shall be assigned to a Clinical Staff category based upon qualifications defined in these Bylaws. For the purposes of the below qualifications, patient contact includes admissions, treatments, consults, outpatient clinic visits, and outpatient surgery and procedures.

The Members of each Clinical Staff category shall have the prerogatives and shall carry out the duties defined in these Bylaws. Action may be initiated to change the Clinical Staff category or to terminate the membership of any Member who fails to meet the qualifications or fulfill the duties described in these Bylaws. Changes in Clinical Staff category shall not be grounds for a hearing unless they adversely affect the Member’s privileges.

4.4.1 ACTIVE CLINICAL STAFF

4.4.1a PHYSICIAN, DENTIST, PODIATRIST, PHD CLINICAL PATHOLOGIST, AND PHD CLINICAL PSYCHOLOGIST CLINICAL STAFF

A. Qualifications

The Active Clinical Staff consists of Physicians, Dentists, Podiatrists, PhD Clinical Pathologists, and PhD Clinical Psychologists who hold a School of Medicine faculty appointment and:

1. Meet the criteria for Clinical Staff membership set forth in these Bylaws and specifically in Section 4.3; and

2. Regularly admit patients to the Medical Center or regularly practice in a hospital-based or a Medical Center recognized practice, or are regularly involved in the direct care of patients at a facility under the provider number of UVAMC and regularly participate in Clinical Staff functions as determined by Clinical Staff governance. See also Medical Center Policy 0304 (“Responsibilities of Attending Physicians on Inpatient Services”)

3. Vote on revisions or amendments to these Bylaws.

~~3. Have satisfactorily completed their designated term in the Provisional status.~~

B. Prerogatives and Responsibilities

1. Exercise an option to vote on all matters presented at general and special meetings of the Clinical Staff;
2. Exercise an option to practice the clinical privileges as granted in accordance with these Bylaws and the Credentials Manual; and
3. Vote on revisions or amendments to these Bylaws;
4. Are eligible to serve as President or Vice President or Vice President of Clinical Staff.

C. Transfer of Active Staff Members

After ~~three two~~ (32) consecutive years in which a Member of the Active Clinical Staff does not regularly care for patients (< 10 patient encounters within 12 months)-at UVAMC and/or be regularly involved in Clinical Staff functions as determined by the Clinical Staff, that Member may be transferred to an alternate category, if any, for which the member is qualified.

4.4.1b ADVANCED PRACTICE PROVIDER (APP)

A. Qualifications

The advanced practice provider staff include nurse practitioners, physician assistants, nurse anesthetists, audiologists, optometrists, certified substance abuse counselors, licensed professional counselors, licensed clinical social workers, clinical nurse specialists, genetic counselors and certified nurse midwives. Advanced Practice Providers shall:

1. Meet the criteria for Clinical Staff membership set forth in these Bylaws; and
2. Regularly practice in a hospital-based or a Medical Center recognized practice, or are regularly involved in the direct care of patients at a facility under the provider number of UVAMC and regularly participate in Clinical Staff functions as determined by Clinical Staff governance.
3. Have satisfactorily completed their designated term in the Provisional status.

B. Prerogative and Responsibilities

1. Exercise an option to practice the clinical privileges as granted in accordance with these Bylaws and the Credentials Manual pursuant to Article VI at a facility that is under the provider number of UVAMC; and

2. Actively participate in performance improvement and quality assurance activities, and in discharging such other Staff functions as may from time to time be required.
3. Serve as voting member on Clinical Staff Committees.
4. Vote for APP representative to CSEC, as well as for President and Vice President of the Clinical Staff.
5. Vote at general and special meetings of the Clinical Staff.

C. Limitations

APP members cannot serve as President or Vice President and do not vote on revisions or amendments to these Bylaws.

4.4.2 ASSOCIATE CLINICAL STAFF

A. Qualifications

The Associate Staff, a non-voting member, shall consist of Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists, and Ph.D. Clinical Pathologists, who hold an employment contract with UPG or UVA Community Health (UVA CH) but who may not ~~do not~~ hold a School of Medicine faculty appointment. Associate Staff Members:

1. Meet the criteria for Staff membership set forth in these Bylaws and specifically in Section 4.3
2. Are regularly (> 10 patient encounters within 12 months)-involved in the care of patients at a facility that is under the provider number of UVAMC and who need to be privileged and re-privileged through UVAMC; -and
- ~~3. Do not admit or treat patients at the Acute Care Hospital facilities of the Medical Center, including the outpatient surgery center, and~~
- ~~4.3. Have satisfactorily completed their designated term in the Provisional status.~~

B. Prerogative and Responsibilities

1. Exercise an option to practice the clinical privileges as granted in accordance with these Bylaws and the Credentials Manual pursuant to Article VI at a facility that is under the provider number of UVAMC; and
2. Actively participate in performance improvement and quality assurance activities, supervising provisional appointees, evaluating and monitoring Clinical Staff Members, and in discharging such other Staff functions as may from time to time be required.

C. Limitations

1. Shall not have the right to vote at general and special meetings of the Clinical Staff, except to the extent the right to vote is specified at the time of appointment; and
2. Cannot hold office in the Clinical Staff organization.

D. Transfer of Associate Clinical Staff Members

After ~~three~~ two (32) consecutive years in which a Member of the Associate Clinical Staff does not regularly care for patients (> 10 patient encounters within 12 months) at UVAMC and/or be regularly involved in Clinical Staff functions as determined by the Clinical Staff, that Member may be transferred to the appropriate category, if any, for which the member is qualified.

4.4.3 ADMINISTRATIVE STAFF

A. Qualifications

The Administrative Staff category shall be held by any Physician, Dentist, Podiatrist, PhD Clinical Psychologist, and PhD Clinical Pathologist who are not otherwise eligible for another staff category and who are to perform ongoing medical administrative activities.

Are charged with assisting the Clinical Staff in carrying out medical-administrative functions, including but not limited to quality assessments of clinical programs and utilization reviews;

1. Are able to document their good judgment, current physical and mental health status so as to demonstrate to the satisfaction of the Clinical Staff that they are professionally and ethically competent to exercise their duties, and is able to work cooperatively with the Clinical Staff office; and
2. Are willing to participate and properly discharge those responsibilities as determined by the Department Chair-VP and CEO and the Dean.

B. Responsibilities

1. Defined by Department Chair the VP and CEO and the Dean; and
2. Exercise an option to attend and vote at general and special meetings of the Clinical Staff.

C. Limitations

1. Cannot hold office in the Clinical Staff organization; and
2. Cannot admit patients or exercise clinical privileges.

4.4.4 HONORARY CLINICAL STAFF

A. Qualifications

The Honorary Clinical Staff shall consist of Physicians, Dentists, Podiatrists, PhD Clinical Psychologists and PhD Clinical Pathologists, each of whom is a former Member of the Clinical Staff who has retired or withdrawn from practice and who has been honored by an emeritus title in the School of Medicine, and/or have been nominated by the current Department Chair in which the person practiced or by Dean in recognition of his or her noteworthy contributions to the UVAMC.

- B. Honorary Clinical Staff Member must have been a member in good standing of the Clinical Staff at the time of his or her retirement or withdrawal from clinical practice

C. Responsibilities

1. Exercise an option to attend general and special meetings of the Clinical Staff;
2. Exercise an option to vote on Clinical Staff Committees that he/she has been requested to serve on.

D. Limitations

1. Shall not be granted or exercise clinical privileges;
2. Shall not vote at general or special meetings of the Clinical staff;
3. Shall not hold office in the Clinical Staff organization.

4.5 NON-MEMBERS WITH PRIVILEGES

Some Physicians, Dentists, Podiatrists, Ph.D. Clinical Psychologists, and Ph.D. Clinical Pathologists who are not Members of Clinical Staff may be 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 VI and the Credentials Manual. Non-members, who are not Physicians or Dentists, shall have none of the rights conferred on Members in these Bylaws, including but not limited to those provided in Articles IX hereof, but shall be required to follow policies and procedures of the Medical Center and the Clinical Departments.

4.5.1 CONSULTING PHYSICIAN STAFF

Consulting Staff do not hold faculty appointments, nor are contracted with UVAMC or UPG, but are granted privileges to provide services that are not otherwise available at UVAMC or to assist in difficult cases. They may also provide proctoring or peer review of a Clinical Staff Member when there is no current member of the Clinical Staff who is qualified to provide these services.

Visiting Physicians are not members of the Clinical Staff. They do not hold faculty appointments, are not contracted with UVAMC or UPG, and are not granted privileges as non-members. For guidance regarding Visiting Physicians, see Medical Center Policy 315 (Management of Observers).

A. Qualifications

The Consulting Staff shall consist of Physicians, Dentists, Podiatrists, and PhD Clinical Psychologists who:

1. Meet the criteria for Staff membership, excluding the faculty appointment or UPG contract, set forth in Section 4.3.2 (2-5);
2. Hold appropriate clinical privileges at another accredited health care facility; and
3. Consulting Staff members who regularly care for more than ten (10) patients per year at the Medical Center will be reviewed by the Credentials Committee to consider appointment to another staff category.

B. Responsibilities

1. Exercise an option to provide clinical care at UVAMC within the privileges as are granted to him/her pursuant to Article VI;
2. Provide patient activity and quality review information from primary facility as requested at time of initial appointment and reappointment; and
3. Satisfy the requirements of the Clinical Department with which he/she is associated.
4. Actively participate in performance improvement and quality assurance activities; supervising provisional appointees; evaluating and monitoring as may from time to time be required.
5. Compliance with Bylaws and Policies. Compliance with the Bylaws, Clinical Staff policies, Departmental and Service rules and regulations, as well as all enunciated policies of the Medical Center.

4.5.2 GRADUATE MEDICAL EDUCATION ~~TRAINEES~~(GME) PHYSICIAN STAFF/- CONTRACT PHYSICIAN STAFF

Members of the Graduate Medical Education Physician staff (also, “trainees”) as defined in these Bylaws do not have independent privileges to admit or treat patients at the UVAMC. They are employees of the University of Virginia Medical Center and their scope of practice is defined by their Graduate Medical Education program. They are not governed by these Bylaws. Graduate Medical Trainees shall be required to follow GME policies and procedures and will act only under the supervision of a Clinical Staff Member in accordance with all relevant Clinical Staff, UVAMC, and GME policies.

GME trainees, who are working in an independent practice capacity as ~~Contract~~as GME Physician Staff physicians in the organization, must be granted privileges as set forth in Article VI of these Bylaws and must comply with Graduate Medical Education Committee Policy 11 (“Moonlighting Activities”) of the GME Policies and Procedures.

5.5.3 ~~CONTRACT PHYSICIAN STAFF~~

From time to time, UVAMC may engage a GME Trainee(s) to provide explicit medical services outside their training program at a UVAMC facility. The ~~Contract GME~~ Physician Staff shall consist of ~~GME Trainees at UVAMC who are engaged by the Medical Center to provide explicit medical services outside their training program at a UVAMC facility.~~ A ~~contract~~-GME physician must obtain prior approval for the outside activities in accordance with the GME Internal and External Moonlighting Activity Policy 11 and provide a copy of the signed contract/application under which he or she will be working at the time the credentialing process begins. ~~Members of the Contract GME~~ Physician Staff must be board certified or board qualified in the specialty related to the privilege request, and haves attestations of qualifications from both the Program Director and the Department Chair. ~~Contract GME~~ Physician Staff are not eligible to vote on Clinical Staff matters or to hold Clinical Staff Office.

In addition, ~~Contract GME~~ Physician Staff:

1. May not serve as the attending physician of record or admit patients to the Medical Center unless an exemption is granted. Exemptions are considered at the request of the Designated Institutional Officer with explicit conditions regarding concurrent proctoring and agreed to by the Credentials Committee;
2. Can treat patients if authorized to do so in accordance with the Practitioner's delineated clinical privileges and Article VI of these Bylaws;
3. Appointment procedures for ~~Contract-GME~~ Physician Staff will be the same as the procedures for the Clinical Staff in accordance with Article VII of these Bylaws;
4. Shall actively participate in performance improvement and quality assurance activities of the Clinical Staff;
5. Shall meet the basic responsibilities of Staff membership as set forth in section 4.3.2 of these Bylaws with the exception of a faculty appointment and/or UPG employment; and
6. The ~~Contract-GME~~ Physician Staff Practitioner's privileges will automatically terminate upon the termination or expiration of his/her contract or agreement with the UVAMC or UPG, and the Practitioner shall have none of the rights conferred on Members in these Bylaws, including but not limited to those provided in Article IX.

4.5.343 CONTRACT PHYSICIAN STAFF

The Contract Physician Staff shall consist of providers engaged by the Medical Center to provide medical services UVAMC facility for the purposes of temporary coverage where required due to unavailability of active clinical staff members of the applicable specialty or to provide limited services that are not otherwise provided by active clinical staff. Contract Physician Staff must be board certified or board qualified in the specialty related to the privilege request, and have attestations of qualifications from the Department Chair. Contract Physician Staff are not eligible to vote on Clinical Staff matters or to hold Clinical Staff Office.

In addition, Contract Physician Staff:

1. May not serve as the attending physician of record or admit patients to the Medical Center unless an exemption is granted.
2. Can treat patients if authorized to do so in accordance with the Practitioner's delineated clinical privileges and Article VI of these Bylaws;
3. Appointment procedures for Contract Physician Staff will be the same as the procedures for the Clinical Staff in accordance with Article VII of these Bylaws;
4. Shall actively participate in performance improvement and quality assurance activities of the Clinical Staff;
5. Shall meet the basic responsibilities of Staff membership as set forth in section 4.3.2 of these Bylaws with the exception of a faculty appointment and/or UPG employment; and
6. The Contract Physician Staff privileges will automatically terminate upon the termination or expiration of his/her contract or agreement with the UVAMC or UPG, and the Practitioner shall have none of the rights conferred on Members in these Bylaws, including but not limited to those provided in Article IX.

TELEMEDICINE

Telemedicine providers are privileged as set forth in Article VI. Telemedicine providers access patients remotely and do not practice within the UVAMC facilities. Telemedicine providers are not eligible to vote on Clinical Staff matters or hold Clinical Staff Office.

~~4.5.4 GRADUATE MEDICAL TRAINEES~~

~~Except as provided in Section 4.5.2 above, members of the Graduate Medical Trainee staff as defined in these Bylaws do not have independent privileges to admit or treat patients at the UVAMC. They are employees of the University of Virginia Medical Center and their scope of practice is defined by the Graduate Medical Education Program. They are not governed by these Bylaws. Graduate Medical Trainees shall be required to follow GME policies and procedures and will act only under the supervision of a Clinical Staff Member in accordance with all relevant Clinical Staff, UVAMC, and GME policies.~~

~~GME Trainees, who are working in an independent practice capacity as Contract physicians in the organization, must be granted privileges as set forth in Article VI of these Bylaws.~~

4.5.55 RE-ENTRY PHYSICIAN STATUS

A Non-member of the Clinical Staff may apply for re-entry status to learn a specific defined patient care technique under the direction of one of the Departments at UVAMC. Individuals applying for visiting postgraduate trainee status shall be licensed to practice medicine, dentistry or clinical psychology in any one of the United States and shall have been accepted by the course director to participate in a specific clinical training program at UVAMC. These Bylaws and other applicable UVAMC policies and procedures shall govern the activities and conduct of Visiting Postgraduate Trainees.

A. Limitations

1. Shall not perform any independent patient care or evaluation at UVAMC facilities;
2. Shall not take call; and
3. Shall not use the UVAMC Visiting/Re-Entry Trainee status as the basis for independent practice at any other site.

4.56 MODIFICATION OF MEMBERSHIP

On its own, upon recommendation of the Credentials Committee, or pursuant to a request from a Member, the Clinical Staff Executive Committee may recommend a change in the Clinical Staff category of a Member, consistent with the requirements of these Bylaws, to the UVA HSB.

4.67 MEMBER RIGHTS

Clinical Staff Member Rights

1. Each Member in the Active category has the right to initiate a recall election of a Clinical Staff Officer by following the procedure outlined in Article X of these Bylaws, regarding removal and resignation from office.
2. Each Member in the Active category may initiate a call for a general staff meeting to discuss a matter relevant to the Clinical Staff by presenting a petition signed by ten percent (10%) of the Members of the Active category. Upon presentation of such a petition, CSEC shall schedule a general staff meeting for the specific purposes addressed by the petitioners. No business other than that detailed in the petition may be transacted.
3. Each Member in the Active category may challenge any rule, regulation or policy established by the CSEC. In the event that a rule, regulation or policy is thought to be inappropriate, any Clinical Staff Member may submit a petition signed by ten percent (10%) of the Members of the Active category. Upon presentation of such a petition, the adoption procedure noted in section Article XVI will be followed.
4. The above sections 1 to 3 do not pertain to issues involving individual peer review, formal investigations of professional performance or conduct, denial of requests for appointment or clinical privileges, or any other matter relating to individual membership or privileges. The Bylaws provide recourse in these matters.
5. Any Practitioner eligible for Clinical Staff membership has a right to a hearing/appeal pursuant to the conditions and procedures described in the Clinical Staff's hearing and appeal plan.
6. These member rights serve as a conflict resolution mechanism between the Clinical Staff and the Clinical Staff Executive Committee.

ARTICLE V PROCEDURES FOR MEMBERSHIP

The process for evaluation of credentials for membership and/or privileges is the same for all Members and Non-members. The Credentials Committee shall follow the credentialing procedures set forth in the Credentials Manual including the procedure 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, upon review by the Department Chair, 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 UVA HSB for final action. If there is a recommendation for the denial of membership and/or privileges by the CSEC or UVA HSB, the applicant is entitled to the fair hearing and appeal plan appropriate to their clinical status.

5.1 PROCEDURE FOR ACTIVE AND ASSOCIATE CLINICAL STAFF MEMBERSHIP

In order to become an Active or Associate Member of the Clinical Staff, the individual Physician, Dentist, Podiatrist, Ph.D. Clinical Psychologist or 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 School of Medicine, an employment contract with UPG or employment contract with UVA with UVA Community Health Medical Group, LLC ~~Community Health~~ to satisfy the criteria set forth in Article IV of these Bylaws for an Active or Associate Member and if applicable, 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 a Member in accordance with Article VII of these Bylaws. In the case of individuals who do not hold School of Medicine faculty appointments, the Chief Executive Officer of UPG or the Chief Executive Officer of UVA Community Health, as applicable will fill the role of the Dean for the procedures described above.

The Credentials Manual establishes requirements for application for Clinical Staff Clinical Privileges. 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.

5.2 PROCEDURE FOR ADVANCED PRACTICE PROVIDER CLINICAL STAFF MEMBERSHIP

In order to become an Advanced Practice Provider (APP) Member of the Clinical Staff, the individual APP 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, an employment contract with UPG, or employment contract UVA Community Health Medical Group, LLC.with UVA Community Health. **For Medical Center employed APP members, this requirement can be waived with written support of the Chief Medical Officer and the President of the Clinical Staff,** satisfy the criteria set forth in Article IV of these Bylaws for an Active or Associate Member and if applicable, 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 a Member in accordance with Article VII of these Bylaws. In the case of individuals who do not hold School of Medicine faculty appointments, the Chief Executive Officer of UPG will fill the role of the Dean and for those APPs hired by the Medical Center, the Chief Nursing Officer will fill the role of the Dean for the procedures described above.

In the case of Medical Center employed APP's, the Chief Medical Officer and President of the Clinical Staff will fill the role of the Dean for the procedures described above.

In most cases, APP members of the Clinical Staff shall have a collaborative agreement with a physician who is an active member of the Clinical Staff. Some APP members of the Clinical Staff may hold an autonomous license, a license from the Commonwealth of Virginia to practice without physician oversight. This license alone is not sufficient to practice autonomously as a member of the Clinical Staff (See these Bylaws, Article 4.2). The privileges to practice autonomously requires written support from the appropriate medical director and department chair and must be recommended for approval by the Credentials Committee and CSEC under the procedures specified in the Credentials Manual.

5.3 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.

5.4 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 IV of these Bylaws shall be nominated by his or her former Chair or the Dean and approved by the Clinical Staff Executive Committee.

5.5 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 or UPG, 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~~addition, the Chair and the Dean of the School of Medicine or Chief Executive Officer of UPG (for Associate Members) 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 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 IX 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.

If membership and/or privileges expire during the leave of absence, then the Practitioner must reapply for membership and/or privileges.

5.6 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 or resignation, retirement or termination from the School of Medicine or UPG.

ARTICLE VI CATEGORIES OF CLINICAL PRIVILEGES

6.1 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 and the Clinical Staff Executive Committee and approved by the UVA HSB, except as provided in Sections 6.6, 6.7, and 6.8 of this Article. Every Non-member shall be entitled to exercise only those delineated Clinical Privileges specifically reviewed by the Department Chair, recommended by the Credentials Committee, recommended by the Clinical Staff Executive Committee and approved by the UVA HSB, except as provided in Sections 6.6, 6.7, and 6.8 of this Article. 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.

6.2 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 Service in which such privileges are sought. For renewal of privileges, this evaluation shall include ensuring that the provider has a reasonable minimum level of ongoing involvement and experience relevant to the privileges being renewed. The specific procedures set forth in these Bylaws and the Credentials Manual shall be followed throughout the appointment and reappointment process.

6.3 PRIVILEGES FOR NON-MEMBERS

Physicians, Advanced Practice Providers, Dentists, Podiatrists, PhD Clinical Pathologists and PhD Clinical Psychologists who are 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, Telemedicine or Contract Physicians.

6.4 CONSULTING PRIVILEGES

6.4.1 Description

Non-members who may be granted Consulting Privileges shall include Physicians, Dentists, Podiatrists, Ph.D. Clinical Pathologists and Ph.D. Clinical Psychologists who will participate in patient care activities for Medical Center patients at the request of a Member of the Clinical Staff, each of whom shall provide information and documentation required by the Credentials Manual and Medical Center policies.

6.4.2 Prerogatives

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

6.4.3 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.

6.5 TEMPORARY PRIVILEGES

6.5.1 Circumstances Under Which Temporary Privileges May Be Granted

Temporary Privileges shall be granted in only two 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; or
- B. When an Applicant with a complete verified 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, the Credentials Committee, after review by the Department Chair, may recommend that the CEO or designee, upon recommendation of the President of the Clinical Staff or designee, grant temporary privileges pending review and approval by the Clinical Staff Executive Committee and approval of the UVA HSB.

6.5.2 Application and Review

- A. Where an important patient care need mandates an immediate authorization to practice as contemplated by 6.7.1 (a), the CEO or designee, with the written concurrence of the Department Chair and the President of the Clinical Staff or designee, may grant Temporary Privileges. Such temporary grant of privileges shall not be made unless the following verifications are present:
 - 1. 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) and their recommendation for approval;
 - 2. Primary source verification of current license;
 - 3. Listing of delineated privileges requested with appropriate documentation of competence to perform each of the specified tasks;
 - 4. Proof of current liability coverage, showing coverage limits and dates of coverage; and
 - 5. 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~~addition, the Credentials Manual may specify additional verifications required before such Temporary Privileges may be granted.

- B. For all situations arising under Section 6.7., the CEO or designee, upon recommendation of the President of the Clinical Staff or designee, 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. Temporary Privileges may not be granted unless there is:
1. Complete application with all verifications completed;
 2. Query to the National Practitioner Data Bank and an analysis of the results of such query; and
 3. The Applicant satisfies the requirements of Section 6.7.1 b. and has not been subject to involuntary termination of Clinical 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.

6.5.3 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 Department 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 Department Chair or the Chair's designee when Temporary Privileges have been granted to an Applicant in the Clinical 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 of the Clinical Staff or the CEO, or unless affirmatively renewed, up to a maximum of 120 days, following the procedure set forth in Section 6.7.2
- B. Requirements for proctoring and monitoring, including FPPE, shall be imposed on such terms as may be appropriate under the circumstances upon any Applicant 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 IX because a request for Temporary Privileges is refused or because all or any portion of Temporary Privileges are terminated or suspended for reasons not related to competence or conduct. Termination or suspension of Temporary Privileges which lasts longer than 14 days and for reasons of competence or conduct shall afford fair hearing and appeal rights.
- E. All persons requesting or receiving Temporary Privileges shall be bound by the Bylaws, the Credentials Manual, and the policies, procedures, of the Medical Center.

6.6 EMERGENCY PRIVILEGES

In the case of a medical emergency, any currently privileged Practitioner is authorized to do everything possible to save the patient's life or to save the patient from serious harm, to the degree permitted by the Practitioner's license, regardless of Clinical Service affiliation, staff category, or level of privileges. A Practitioner exercising emergency privileges is obligated to summon all consultative assistance deemed necessary and to arrange appropriate follow-up.

6.7 DISASTER 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 VP and CEO, 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. Before a volunteer clinician is considered eligible to function as a licensed independent Practitioner, the Medical Center will obtain his or her valid government issued photo identification (for example, a driver's license or passport). When the emergency situation no longer exists, any such clinician must apply for the staff privileges necessary to continue to treat patients. Primary source verification of licensure occurs as soon as the disaster is under control or within 72 hours from the time the volunteer licensed independent Practitioner presents himself or herself to the Medical Center whichever comes first. In the event such privileges are denied or are not requested, the patients shall be assigned to another Member.

- A. If the Medical Center Emergency Management Plan has been activated and the organization is unable to meet immediate patient needs, the CEO or other individuals as identified in the Medical Center Emergency Management Plan with similar authority may, on a case by case basis consistent with medical licensing and other relevant state statutes, grant disaster privileges to selected LIPs. These Practitioners must present a valid government-issued photo identification issued by a state or federal agency (e.g., driver's license or passport) and at least one of the following:
 - 1. A current picture Medical Center ID card that clearly identifies professional designation;
 - 2. A current license to practice;

3. Primary source verification of the license;
 4. Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), or Medical Reserve Corps (MRC), Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal organizations or groups;
 5. Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity); or
 6. Identification by a current Medical Center or Clinical Staff member (s) who possesses personal knowledge regarding the volunteer's ability to act as a licensed independent Practitioner during a disaster.
- B. The Clinical Staff has a mechanism (i.e., badging) to readily identify volunteer Practitioners who have been granted disaster privileges.
 - C. The Clinical Staff oversees the professional performance of volunteer Practitioners who have been granted disaster privileges by direct observation, mentoring, or clinical record review. The organization decides (based on information obtained regarding the professional practice of the volunteer) within 72 hours whether disaster recovery privileges should be continued.
 - D. Primary source verification of licensure begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer Practitioner presents to the organization. If primary source verification cannot be completed in 72 hours, there is documentation of the following: 1) why primary source verification could not be performed in 72 hours; 2) evidence of a demonstrated ability to continue to provide adequate care, treatment, and services; and 3) an attempt to rectify the situation as soon as possible.
 - E. Once the immediate situation has passed and such determination has been made consistent with the Medical Center Emergency Management Plan, the Practitioner's disaster privileges will terminate immediately.
 - F. Any individual identified in the Medical Center Emergency Management Plan with the authority to grant disaster privileges shall also have the authority to terminate disaster privileges. Such authority may be exercised in the sole discretion of the Medical Center and will not give rise to a right to a fair hearing or an appeal.

6.8 EXPEDITED CREDENTIALING

6.8.1 Eligibility:

An expedited review and approval process may be used for initial appointment and for reappointment. All initial applications for membership and/or privileges will be designated as eligible for expedited credentialing or not. A completed application that does not raise concerns, as identified by the lack of any of the criteria noted below, is eligible for expedited credentialing:

- A. The application is deemed to be incomplete;
- B. The final recommendation of the CSEC is adverse or with limitation;

- C. The Applicant is found to have experienced an involuntary termination of clinical staff membership or involuntary limitation, reduction, denial, or loss of clinical privileges at another organization or has a current challenge or a previously successful challenge to licensure or registration;
- D. The Applicant is, or has been, under investigation by a state medical board or has prior disciplinary actions or legal sanctions;
- E. The Applicant has had two (2) or more or an unusual pattern of malpractice cases filed within the past five (5) years or one final adverse judgment in a professional liability action in excess of \$250,000;
- F. The Applicant has one or more reference responses that raise concerns or questions;
- G. A discrepancy is found between information received from the Applicant and references or verified information;
- H. The Applicant has an adverse National Practitioner Data Bank report;
- I. The request for privileges is not reasonable based upon applicant's experience, training, and demonstrated current competence, and/or is not in compliance with applicable criteria;
- J. The Applicant has been removed from a managed care panel for reasons of professional conduct or quality;
- K. The Applicant has potentially relevant physical, mental and/or behavioral health problems;
- L. Other reasons as determined by a clinical staff leader or other representative of the Medical Center which raise questions about the qualifications, competency, professionalism or appropriateness of the Applicant for membership or privileges.

6.8.2 Approval Process:

Applicants for expedited credentialing will be granted Clinical Staff membership and/or privileges after review and action by the following: the Department Chair, the Credentials Committee, and CSEC with a quorum as defined for expedited credentialing and a committee of the UVA HSB consisting of at least two individuals.

6.9 TELEMEDICINE CREDENTIALING AND PRIVILEGING

6.9.1 Receipt of Telemedicine Services From Other Sites

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.

Telemedicine is the provision of clinical services to patients by Practitioners from a distance via electronic communications. The originating site is the site where the patient is located; the distant site is the site where the Practitioner is physically viewing the telemedicine images. Practitioners providing only telemedicine services to the Medical Center from a distant site will not be appointed to the Clinical Staff but must be granted privileges at the Medical Center. The Clinical Staff may recommend privileges to the UVA HSB through one of the following mechanisms:

- A. The Medical Center uses the credentialing and privileging decision made by the distant-site to make a final privileging decision. For the Clinical Staff to rely upon the credentialing and privileging decisions made by the distant-site hospital when making recommendation on privileges for the individual distant-site physicians and Practitioners providing such services, the UVA HSB ensures, through the Medical Center's written agreement with the distant-site hospital, that all of the following provisions are met:
1. The distant site providing the telemedicine services is a Medicare-participating and Joint Commission-accredited hospital or ambulatory care organization;
 2. The individual distant-site physician or Practitioner is privileged at the distant-site providing the telemedicine services for those services to be provided at the originating site, and the distant site provides a current list of the distant site physician's or Practitioner's privileges at the distant-site hospital or ambulatory care organization;
 3. The individual distant-site physician or Practitioner holds a license issued or recognized by the State in which the hospital whose patients are receiving the telemedicine services is located; and
 4. With respect to a distance physician or Practitioner who holds current privileges at the Medical Center, the Medical Center has evidence of an internal review of the distant-site physician's or Practitioner's performance of these privileges and sends the distant-site hospital such performance information for use in the periodic appraisal for use in the periodic appraisal of the distant-site physician or Practitioner. At a minimum, this information must include all adverse outcomes related to sentinel events considered reviewable by The Joint Commission that result from the telemedicine services provided by the distant-site physician or Practitioner to the Medical Center's Patients' and all complaints the Medical Center has received about the distant-site physician or Practitioner.
- B. The Clinical Staff privileges Practitioners using credentialing information from the distant site if the distant site is a Joint Commission accredited organization. Once the Clinical Staff makes its recommendation regarding the privileging of the telemedicine provider, it then must go through the remainder of the credentialing process for a decision regarding approval by the UVA HSB as set forth in Article VII of these Bylaws.

6.9.2 Provision of Telemedicine Services to Other Sites

Practitioners providing telemedicine services to other hospitals from the Medical Center must be granted privileges at the Medical Center for any services that are rendered via telemedicine to other site(s). If this service is rendered by Residents or Fellows, then any telemedicine interpretation must be overseen by a Practitioner with appropriate clinical privileges before the reading can be furnished to the other site(s).

ARTICLE VII APPOINTMENT AND REAPPOINTMENT

7.1 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.

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, upon recommendation of the Department Chair, 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 UVA HSB for final action.

In the case of an application for Associate Membership, the procedures outlined in the Credentials Manual shall be considered until all required information and documentation is completed within the timeframes specified in the Credentials Manual.

7.2 PROVISIONAL APPOINTMENT STATUS

Initial appointments and all initially granted Clinical Privileges for all Practitioners 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 Department Chair, Division Chair, or Peer designee of the applicable Clinical Department. If at the end of the year the Practitioner satisfies the requirements to become a Clinical Staff Member or have a privileging status as provided in the Credentials Manual, the provisional status ceases. If at the end of the year the Practitioner does not satisfy the requirements as specified in the Credentials Manual, then membership in the Clinical Staff and Clinical Privileges for that individual shall cease. Failure to achieve the appropriate status from provisional status, when due to a lack of clinical volume, shall not give rise to the procedural rights, afforded by Article IX of these Bylaws. Failure to achieve the appropriate status from provisional status, due to issues of competency or conduct, shall give rise to the procedural rights afforded by Article IX of these Bylaws.

All initial Clinical Staff appointees to the Active or Associate Categories and all Non-member appointees to the Consulting/Visiting, Contract Physician, Telemedicine, Visiting/Re-entry Postgraduate Trainee, or APP categories, and all re-appointees to these categories after termination of a prior appointment, shall serve a provisional status period of no less than one (1) year. During this time proctoring must be satisfactorily completed unless a specific exception is applied for by the Department Chair and approved by the Credentials Committee as specified in section B below. Each Member in provisional status shall be assigned to a Department in which their performance shall be evaluated

through proctoring to determine their eligibility for advancement to non-provisional status in the appropriate Clinical Staff category.

A. Responsibilities

A Practitioner in provisional status shall have all of the responsibilities of the membership category.

B. Proctoring

Each provisional appointee shall complete such proctoring (Focused Professional Practice Evaluation) as required by the Clinical Service and approved by the Credentials Committee in accordance with [Medical Center Policy No. 0279](#) (“[Professional Practice Evaluations for Privileged Providers](#)”).

7.3 PROCEDURE FOR REAPPOINTMENT

Periodic redetermination of Clinical Privileges for Active 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 Article IX shall not apply.

~~7.4 END OF PROVISIONAL STATUS~~

~~A Member in provisional status may become an Active or Associate Member upon the satisfactory conclusion of provisional status as provided in these Bylaws and the Credentials Manual, which appointment shall be for no more than three (3) years at a time and as more specifically provided in the Credentials Manual.~~

7.5 CHANGES 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 8.6 or Article IX will apply.

7.6 NEW OR ADDITIONAL CLINICAL PRIVILEGES

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 Manual or the Credentials Committee. Such applications shall be processed as provided in the Credentials Manual, including the timeline for processing. Licensure and the National Practitioner Data Bank will be queried at any request for new privileges. 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 UVA HSB 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 IX of these Bylaws. The Applicant's performance and clinical competence shall be observed and evaluated through FPPE by the Department Chair, Division Chief, and Peer designee of the applicable Clinical Department and documentation is completed within the timeframes specified in the Credentials Manual.

7.7 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 or the Dean of the School of Medicine. 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 Clinicians 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 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.

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

8.1 CRITERIA FOR INITIATION

A Member's or Non-member's Clinical Privileges may be reduced, suspended or revoked for clinical practice or professional conduct determined 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 UVA HSB, the Clinical Staff Code of Conduct, or policies, procedures, rules or regulations of the Medical Center, Health System or the applicable Clinical Service. A request for initiation of investigation or action against such Member or Non-member shall be made to the President or Vice President of the Clinical Staff by written request from any Member or from the Chief Executive Officer. Upon receipt of a written request for investigation or action, the President or Vice President shall immediately forward the matter to the Credentials Committee for review and recommendation 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 team member safety, patient safety or to the delivery of quality patient care; (b) unethical; (c) contrary to the Medical Center and/or Health System policies and procedures, these Bylaws, or the Clinical Staff 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. Article 8.2 addresses procedures to be followed when concerns described in (f) above are raised.

To the extent possible, the identity of the individual requesting initiation of investigation shall not be disclosed. In order to safeguard the legally privileged status of peer review, the individual requesting an investigation may not be entitled to receive information about the course or findings of the investigation. The Chair of the Credentials Committee may inform the individual requesting an investigation about the status of action on the request and, if investigation is initiated, the expected date of completion.

8.2 INITIATING EVALUATION AND/OR INVESTIGATION OF POSSIBLE IMPAIRING CONDITIONS

The UVA HSB and the Clinical Staff Executive Committee recognize the need to assist Members or Non-members who have been granted Clinical Privileges to address physical and mental health issues as well as to protect patients and staff members from harm. Based upon concerns that a Member's or Non-member's behavior or clinical practice may be affected by impairment by reason of illness, use of drugs, narcotics, alcohol, chemicals or other substances or any physical or mental condition, a Department Chair, the President, the Chief Executive Officer, the Dean, the Chair of the Credentials Committee, or the Director of the Clinicians' 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 recommended after consultation with Faculty and Employees Assistance Program ("FEAP") or the Clinicians Wellness Program. See also Medical Center Policy No. 0242 ("Clinicians Wellness Program"). The individual initiating the evaluation shall notify the President or Chair of the Credentials Committee of the requirement for evaluation. The purpose of the evaluation and investigation process concerning potential impairing conditions is to protect patients and others working with the affected practitioner and to aid the Member or Non-member in retaining or regaining optimal professional functioning.

On its own initiative, the Credentials Committee may require evaluation by the Clinicians' Wellness Program or FEAP for any Member or Non-member who appears to suffer from a potentially impairing condition. The Credentials Committee may also encourage any such Member or Non-member to seek assistance from the Clinicians' Wellness Program or FEAP.

If the Member or Non-member refuses to undergo the examination, his/her Clinical Privileges shall be automatically inactivated 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) to FEAP or to the Director of the Clinicians Wellness Program. FEAP or the Clinicians Wellness Program shall notify the President or Chair of the Credentials Committee of the recommendations made by the qualified Practitioner(s). Any time limit for action by the Credentials Committee, as specified in Section 8.4 below, shall be extended for the number of days from the request for the examination(s) to the receipt of the examination recommendations.

The Credentials Committee may also require periodic monitoring after completion of any evaluation treatment/ or rehabilitation. If the Member or Non-member does not complete the initial treatment/rehabilitation program or does not comply with the required monitoring, the provisions of Article 8.4 or 8.5 automatic relinquishment shall be applicable. In addition, the Credentials Committee shall strictly adhere to any state or federal statutes or regulations containing mandatory reporting requirements

If at any time during the diagnosis, treatment, or rehabilitation phase of the process it is determined that 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 8.4 or 8.5, as appropriate, below. Additionally, the Credentials Committee shall adhere to any state or federal statutes or regulations containing mandatory reporting requirements.

8.3 ROUTINE ACTION

Upon approval of the Credentials Committee, initial collegial efforts may be made prior to resorting to formal corrective action. ~~—~~Such collegial interventions shall not constitute formal corrective action, shall not afford the individual subject to such collegial efforts to the right to a fair hearing, and shall not require reporting to the National Practitioner Data Bank, except as otherwise provided in these Bylaws or required by law. Alternatives to formal 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 or Health System policies and- that may be taken to address disruptive conduct;
- B. Written letters of guidance, 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 evaluation, as provided in Article 8.2 of these Bylaws.

8.4 INITIATING EVALUATION AND RECOMMENDATION FOR FORMAL CORRECTIVE ACTION

8.4.1 Investigation

Upon receipt of the request for initiation of formal investigation and after determining that the procedures outlined in Article 8.2 and 8.3 above are not appropriate, the Member or Non-member shall be notified in writing that an investigation is being conducted. In ~~addition~~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 IX, 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 forty (40) days of the receipt of the request for initiation of investigation, the Credentials Committee shall report to the Clinical Staff Executive Committee on the progress of the investigation and the estimated time required to complete the investigation. In most instances, the investigation shall not last longer than ninety (90) days. However, for good cause, the Chair of the Credentials Committee may ask the Clinical Staff Executive Committee to extend the time for completion of the investigation. At the completion of the investigation, the Chair of the Credentials Committee shall submit to the Clinical Staff Executive Committee the Credentials Committee’s findings and recommendations resulting from the investigation.

The Clinical Staff Executive Committee may accept, reject or modify the findings and recommendations of the Credentials Committee and recommend to the UVA HSB approval of a final action. The Member and the Department Chair to which the Member is assigned shall be notified in writing of the recommendation of the Clinical Staff Executive Committee.

8.4.2 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;
- E. Recommending suspension or revocation of Clinical Staff membership;

- F. Recommending concurrent monitoring or retrospective auditing;
- G. Requiring additional training;
- H. Requiring evaluation by a clinician assessment organization or individual;
 - I. Requiring a Proctor for all procedures. Or
 - J. Requiring participation in designated programs addressing behavioral concerns

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

8.4.3 Cooperation with Investigation

All Members and Non-members shall cooperate as necessary for the conduct of any investigation.

8.5 PRECAUTIONARY SUMMARY SUSPENSION

Whenever: (a) the conduct or clinical performance of a Member or a Non-member who has been granted Clinical Privileges reasonably appears to pose a threat that requires that action be taken to protect the health, life or safety of patients or prospective patients, or any other person in or associated with the Medical Center, or (b) whenever the conduct or clinical performance of a Member or a Non-member who has been granted Clinical Privileges reasonably appears to pose a substantial harm to the life, health and safety of any patient, prospective patient, or staff member, the President, Chief Executive Officer or the Chair of the Credentials Committee may summarily restrict or suspend the Clinical Staff membership or Clinical Privileges of such Member or Non-member. Unless otherwise stated, such summary suspension shall become effective immediately upon imposition. The President or Chair of the Credentials Committee shall promptly give written notice of the suspension or restriction; to the Member or Non-member in question; the Department Chair and the Division Head, if applicable, to which the Member or Non-member is assigned; the Dean; the Chief Executive Officer- as co-chair of 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 IX with respect to Members and Non-members who are Physicians and Dentists only. An alternative fair hearing and appeal plan is available for Non-members who are not Physicians or Dentists and for APPs as noted in Section 9.5.1. Unless otherwise indicated by the terms of the summary restriction or suspension, the Clinical Department Chair or his/her designee shall assign the patients of the Member or Non-member in question to another Member. Should the Member or Non-member who is subject to a precautionary summary suspension, upon being notified of the suspension, decide to voluntarily request inactivation of his/her privileges during the duration of the investigation required by 8.4.1, the precautionary summary suspension may be voided and withdrawn at the direction of the President of the Clinical Staff. A request for voluntary inactivation of privileges must be submitted in writing to the President within three business days of notification regarding precautionary summary restriction or suspension.

8.5.1 PROCEDURE FOR MEMBERS

No later than 30 days after the date of the precautionary summary suspension and if the precautionary summary suspension still remains in effect, the Chair of the Clinical Staff Executive Committee shall designate a panel of its members to convene for review and consideration of the action; provided, however, that the Clinical Staff Executive Committee may extend the 30-day period for review for good cause if so requested by either the Member or the Chair of the Credentials Committee. Upon request and on such terms and conditions as the panel of the Clinical Staff Executive Committee may impose, the Member may attend and make a statement concerning the issues that led to the precautionary summary suspension, although in no event shall any meeting of the panel of the Clinical Staff Executive Committee, with or without the Member, constitute a “hearing” within the meaning of Article IX, nor shall any procedural rules apply except those adopted by the panel of the Clinical Staff Executive Committee. The panel of the Clinical Staff Executive Committee may recommend to the Clinical Staff Executive Committee that the summary restriction or suspension be modified, continued or terminated. The Clinical Staff Executive Committee shall consider this recommendation at its next scheduled meeting and shall furnish the Member with written notice of its decision.

Unless the Clinical Staff Executive Committee terminates the summary restriction or suspension within fourteen (14) working days of such restriction or suspension, the Member shall be entitled to the procedural rights afforded by Article IX of these Bylaws.

8.5.2 PROCEDURE FOR NON-MEMBERS

When a Non-member’s Clinical Privileges are summarily suspended pursuant to Section 8.5 the Non-member shall be notified in writing of the restriction or suspension and the grounds for the suspension. The Chair of the Credentials Committee shall refer the matter to the Credentials Committee at its next scheduled meeting. The Non-member, who is not a Physician or a Dentist, shall not be entitled to the procedural rights afforded by Article IX of the Bylaws. An alternative fair hearing and appeal plan is available for Non-members who are not Physicians or Dentists and for APPs, as noted in Section 9.5.1

8.6 AUTOMATIC ACTIONS

The Member’s or Non Member’s clinical privileges or Clinical Staff membership may be subject to automatic actions as follows:

8.6.1 CHANGE IN LICENSURE

8.6.1.1 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.

8.6.1.2 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.

8.6.2 Change in DEA Certificate Status

8.6.2.1 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.

8.6.2.2 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.

8.6.3 LACK OF REQUIRED PROFESSIONAL LIABILITY INSURANCE

Failure to maintain professional liability insurance in amounts and of a type required by the UVA HSB, 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, and prior acts coverage for the uninsured period, such individual's Clinical Privileges shall be automatically terminated.

8.6.4 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.

8.6.5 LOSS OF FACULTY APPOINTMENT OR TERMINATION OF EMPLOYMENT

If a Member's or Non-member's faculty appointment in the School of Medicine or contract with UPG is terminated for any reason or for any length of time, his/her membership and Clinical Privileges shall be automatically revoked or suspended as of the date such loss of faculty appointment or termination of

UPG contract becomes effective. Loss of faculty appointment or termination of UPG contract shall not give rise to a hearing under Article IX as such appointment is a prerequisite being granted clinical privileges. Due process procedures applicable to contesting the loss of a faculty appointment are set forth in the University of Virginia Provost Policy HRM-043 (Addressing Grievances for Administrative and Professional Non-Tenure Track Faculty). In the case of APP's, if Medical Center employment or UPG employment is terminated for any reason or any length of time, his/her Clinical Privileges within the Medical Center shall automatically be revoked or suspended as of the date of such termination. Loss of privileges due to such termination shall not give rise to a hearing appeal under Article 9.5. Due process procedures applicable under these circumstances are specified by applicable Medical Center HR Policy or UPG contract.

8.6.6 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 or fails to complete the evaluation, treatment, rehabilitation program or does not comply with the required monitoring as required by Section 8.3 of these Bylaws, such failure or refusal shall result in automatic suspension of the Clinical Privileges of the Member or Non-member. Refusal to comply with health screening and/or infection control policies shall also result in automatic inactivation of Clinical Privileges.

8.6.7 MATERIAL MISREPRESENTATION ON APPLICATION/REAPPLICATION

Whenever a Member or Non-member has made a material misrepresentation on the application/reapplication for Clinical Privileges, the application/reapplication processing will stop (if still in progress) or membership and/or privileges will be automatically inactivated if they have already been granted prior to discovery of the material misrepresentation.

8.6.8 FAILURE TO COMPLY WITH MEDICAL RECORDS COMPLETION REQUIREMENTS

Whenever a Practitioner has failed to comply with the medical records completion requirements per [Medical Center Policy No. 0094 \("Documentation of Patient Care \(Electronic Health Record\)"\)](#), the Practitioner may have his/her membership and/or Clinical Privileges inactivated until he/she is compliant with those requirements.

8.6.9 FAILURE TO BECOME BOARD CERTIFIED OR FAILURE TO MAINTAIN BOARD CERTIFICATION

The Clinical Privileges of a Practitioner who fails to become board certified or to maintain board certification shall be inactivated, unless the Practitioner has been granted an exception to these requirements by the Credentials Committee under the process outlined in Medical Center Policy No. 0221 ("Board Certification Requirements for Medical Center Providers with Clinical Privileges").

8.6.10 CONVICTION OF A FELONY OR OTHER SERIOUS CRIME

Conviction of a crime as set out in Va. Code Section 37.2-314 shall result in automatic suspension of Clinical Privileges and inactivation of Clinical Staff membership.

8.6.11 ARTICLE IX INAPPLICABLE

When a Member's or Non-member's privileges are restricted pursuant to any of the circumstances set out in this Section 8.6 , the hearing and appeal rights of Article IX 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.

8.6.12 CLINICAL PRIVILEGES AND CLINICAL STAFF MEMBERSHIP LINKAGE

Except when explicitly stated otherwise in these Bylaws, the automatic inactivation of clinical privileges also results in automatic inactivation of Clinical Staff Membership.

ARTICLE IX HEARING AND APPELLATE REVIEW

9.1 GENERAL PROVISIONS

The provisions of Article IX do not apply to those actions specified in Section 8.6 or to the informal actions specified in Section 8.2 of Article VIII.

Advanced Practice Providers and Non-members who are not Physicians, Clinical Psychologists or Dentists shall be governed by the procedures set out in Section 9.5 below.

9.1.1 Right to Hearing and Appellate Review

- A. When any Member with the exception of Advanced Practice Providers, or any Non-member who is a Physician Clinical Pathologist, Clinical Psychologist or Dentist receives notice of a recommendation of the Clinical Staff Executive Committee that, if approved by the UVA HSB, 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 Chair or Vice Chair of the Clinical Staff Executive Committee. If the recommendation of the Clinical Staff Executive Committee following such hearing is still adverse to the affected Member or Non-member, he or she shall then be entitled to an appellate review by the UVA HSB or a committee appointed by the Chair of the UVA HSB, before the UVA HSB makes a final decision on the matter. Such review shall be made based on the evidentiary record, unless the UVA HSB or the committee appointed by the UVA HSB 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 IX to assure that the affected Member or Non-member is accorded all rights to which he or she is entitled.

9.1.2 Exhaustion of Remedies

If Adverse Action described in Section 9.2 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 IX, the term “Member” may include “Applicant”, as appropriate under the circumstances.

9.2 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 (excluding Administrative or Honorary Membership);
- B. Denial of Clinical Staff reappointment (excluding failure to obtain active status and Administrative or Honorary Membership);
- C. Suspension or Revocation of Clinical Staff Membership;
- D. Denial of requested Clinical Privileges (excluding Temporary Privileges) for a Member;
- E. Involuntary reduction of current Clinical Privileges for a Member excluding Administrative or Honorary Membership);
- F. Suspension of Clinical Staff Membership (excluding Administrative or Honorary Membership) or Clinical Privileges for a Member or Non-member if the duration of the suspension is for greater than 14 days and the reason for the suspension is one of competence or conduct; or
- G. Suspension or Revocation of Clinical Privileges (excluding loss of faculty appointment) for a Member or Non-member.

Actions described above in this Section that are the result of automatic relinquishment imposed pursuant to Section 8.6 of these Bylaws, shall not be considered an Adverse Action for purposes of Article IX.

9.3 REQUESTS FOR HEARING; WAIVER

9.3.1 Notice of Proposed Action

In all cases in which a recommendation has been made as set forth in Section 9.2, the Chair or Vice Chair of the Clinical Staff Executive Committee shall send a Member or Non-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 Member’s or Non-member notice, (b) reasons for the Adverse Action recommended, including the acts or omissions that form the basis of recommendation and a list of the patients in question if applicable, and (c) his or her rights at such a hearing, including the hearing procedures described in Section 9.4. Such notice shall be sent by hand delivery ~~or~~ certified mail, return receipt requested; or overnight.

9.3.2 Request for Hearing

The Member or Non-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 Clinical Staff Executive Committee. The request shall contain a statement signed by the Member or Non-member that the Member or Non-member shall maintain confidentiality of all documents provided to the Member or Non-member during the hearing process and shall not disclose or use the documents for any purpose outside the hearing process. Unless the Member or Non-member is under summary suspension, he or she shall retain existing rights and privileges until all steps provided for in Sections 9.4 through 9.4.8 of Article IX of these Bylaws below have concluded. If, however, the Member's or Non-member reappointment term is scheduled to expire during the hearing process, the Member's or Non-member membership and privileges shall expire unless (i) the Clinical Staff Executive Committee reappoints the Practitioner until the hearing is concluded, or (ii) the Member is reappointed according to final action by the UVA HSB.

The Credentials Committee and the affected Practitioner shall be parties to the hearing.

9.3.3 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 to have accepted the recommendation involved. The recommendation of the Clinical Staff Executive Committee shall then become final and effective as to the Member when it is approved by the UVA HSB.

9.3.4 Notice of Time, Place and Procedures for Hearing

Upon receipt of a request for hearing, the Chair or Vice 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 9.3.5 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.

9.3.5 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 the Chief Executive Officer and if possible are Peers of the Member or Non-member in clinical practice or academic rank and are not in direct economic competition with the Member or Non-member involved, nor have been involved in the request for corrective action, any subsequent investigative process, or the decision to proceed with corrective action, or (2) by an independent Peer Review panel from outside the

Medical Center whose members are not in direct economic competition with the Member or Non-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 Chief Executive Officer or designee shall be responsible for performing the duties described in this paragraph.

9.3.6 Failure to Attend and Proceed

Failure without good cause of the affected Member or Non-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.

9.3.7 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 hearing~~ officer and may be granted only for good cause.

9.4 HEARING PROCEDURE

9.4.1 Representation

The hearings provided for in these Bylaws are for the purpose of intra-professional resolution by peers of the Member or Non-member of matters bearing on professional conduct, professional competency or character. If requested by either the affected Member or Non-member or the Credentials Committee in accordance with Section 9.4.2, however, both sides may be represented by legal counsel. In lieu of legal counsel, the Member or Non-member may be represented by another person of his or her choice.

9.4.2 The Hearing Officer

The President of the Clinical Staff ~~shall~~ ~~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.

~~**9.4.3 The Presiding Officer**~~

~~The Hearing Entity shall have a presiding officer. If the President of the Clinical Staff appoints a hearing officer pursuant to Section 9.4.2, 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 ~~hearing 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 hearing~~ 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 ~~hearing presiding~~ officer determines that either side in a hearing is not proceeding in an efficient and expeditious manner, the ~~hearing presiding~~ officer may take such discretionary action as seems warranted by the circumstances.

9.4.34 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, the cost of the transcript, if any, shall be borne by the party requesting it.

9.4.45 Rights of the Parties

Within reasonable limitations imposed by the ~~hearing presiding~~ officer, the Credentials Committee, the Hearing Entity and the affected Member or Non-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 or Non-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, and, with the assistance of counsel, if applicable, to present facts in support of its adverse recommendation and to examine witnesses. In all cases, the affected applicant or the affected Member or Non-member shall have the burden of proving by clear and convincing evidence that the adverse recommendation lacks any factual basis or that the conclusions drawn therefrom are arbitrary or capricious. ~~Where the issue concerns the denial of initial Clinical Staff membership, it shall be the obligation of the affected Applicant 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 9.2 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 or Non-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. The affected Member or Non-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 UVA HSB, including a statement of the basis for the decision.

9.4.56 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 IX 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.

9.4.67 Recess and Conclusion

After consultation with the Hearing Entity, the hearing 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.

9.4.87 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 or Non-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 UVA HSB and the affected Member or Non-member. The report shall contain a concise statement of the reasons supporting the decision.

9.4.98 Decision of Clinical Staff Executive Committee and UVA HSB

At its next 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 written notice of its recommendation to the UVA HSB and the Member or Non-member. The Clinical Staff Executive Committee may affirm, modify or reverse the decision of the Hearing Entity.

9.4.910 Appeal

The Member or Non-member may submit to the Chief Executive Officer a written appeal statement detailing the findings of fact, conclusions, and procedural matters with which he or she disagrees, and

his or 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 or Non-member's receipt of the recommendation of the Clinical Staff Executive Committee. The Chief Executive Officer shall provide a copy of the Member's or Non-member's statement to the UVA HSB and the Chair of the Clinical Staff Executive Committee. In response to the statement submitted by the affected Member or Non-member, the Clinical Staff Executive Committee may also submit a written statement to the UVA HSB and shall provide a copy of any such written statement to the Member or Non-member.

9.4.~~11~~10 Decision by the Health System Board

- A. At a meeting following receipt of the Member's or Non-member's written appeal statement (or after the expiration of the time in which the Member or Non-member had the opportunity to submit a written statement) and the Clinical Staff Executive Committee's written statement, the UVA HSB shall reach a final decision, shall render a decision in writing, and shall forward copies thereof to each party involved in the hearing. The decision of the UVA HSB shall include a statement of the basis for its decision.
- B. The UVA HSB may affirm, modify, or reverse the decision of the Clinical Staff Executive Committee. The UVA HSB may also refer the decision back to the Clinical Staff Executive Committee for reconsideration, or remand the matter to the hearing entity for further review. If the matter is remanded to the Hearing Entity for further review and recommendation, such Hearing Entity shall conduct its review within sixty days and make its recommendations to the UVA HSB. 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 UVA HSB and the Hearing Entity or Clinical Staff Executive Committee. UVA HSB shall thereafter make its final decision.
- C. The decision of the UVA HSB 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, or appellate review.

9.4.~~12~~11 Right to One Hearing and One Appeal

No Member or Non-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.

9.5 HEARING AND APPEAL PLAN FOR ADVANCED PRACTICE PROVIDERS AND NON-MEMBERS

9.5.1 Hearing Procedure

Advance Practice Providers and other Non-members who are not Physicians, Clinical Psychologists or Dentists (hereinafter "Practitioners") are not entitled to the hearing and appeals procedures set forth in the Clinical Staff Bylaws. In the event one of these Practitioners receives notice of a recommendation by the Clinical Staff Executive Committee that will adversely affect his/her exercise of Clinical

Privileges, the Practitioner and his/her supervising physician, as applicable, shall have the right to meet personally with two Physicians and a Peer assigned by the President of the Clinical Staff to discuss the recommendation. The Practitioner and the supervising physician, as applicable, must request such a meeting in writing to the Clinical Staff Office within 10 working days from the date of receipt of such notice. At the meeting, the Practitioner and the supervising physician, as applicable, must be present to discuss, explain, or refute the recommendation, but such meeting shall not constitute a hearing and none of the procedural rules set forth in the Clinical Staff Bylaws with respect to hearings shall apply. Findings from this review body will be forwarded to the affected Practitioner, CSEC, and the UVA HSB.

9.5.2 Appeal

The Practitioner and the supervising physician, as applicable, may request an appeal in writing to the CEO within 10 days of receipt of the findings of the review body. Two members of the Clinical Staff assigned by the chair of the Clinical Staff Executive Committee shall hear the appeal from the Practitioner and the supervising physician as applicable. A representative from the Clinical Staff leadership and from Medical Center leadership may be present. The decision of the appeal body will be forwarded to the UVA HSB for final decision. The Practitioner and the supervising physician will be notified within 10 days of the final decision of the UVA HSB.

ARTICLE X OFFICERS OF THE CLINICAL STAFF

10.1 IDENTIFICATION OF OFFICERS

The Officers of the Clinical staff shall be:

- A. President
- B. Vice President

10.2 QUALIFICATIONS OF OFFICERS

Officers must be Physician or Dentist 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.

10.3 NOMINATIONS

All nominations for Officers shall be made by the Nominating Committee (which is described in Article XIII 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.

10.4 ELECTIONS

The Officers shall be elected by electronic ballot. Only members of the Active Clinical 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.

10.5 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.

10.6 VACANCIES IN OFFICE

If there is a vacancy in the office of the President, the Vice President shall serve during the vacancy. If there is a vacancy in the office of the Vice President, the Clinical Staff Executive Committee shall appoint an Active Member of the Clinical Staff to serve as Vice President 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.

10.7 REMOVING ELECTED OFFICERS

Elected Officers may be removed by a two-thirds (2/3) vote of the Members of the Active Clinical Staff, or by a majority vote of the UVA HSB.

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, 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 (see, for example, Medical Center

Policy No. 0013 “Interactions with Vendors, Sales and Service Representatives”): Health System Policy BEH-002 Conflict of Interest and Conflict of Commitment).

10.8 DUTIES OF OFFICERS

10.8.1 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 UVA HSB, serve on the UVA HSB 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 UVA HSB, the Clinical Staff Executive Committee, and senior administration of the Medical Center, including the presentation to the UVA HSB of a report of the Clinical Staff at every meeting of the UVA HSB or as otherwise requested by the UVA HSB;
- F. Provide oversight of Clinical Staff affairs, including the Clinical Staff application process, committee performance, compliance with The Joint Commission 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 UVA HSB.

10.8.2 Duties of the Vice President

The Vice President 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 Vice President shall assume all the duties and have the authority of the President. The Vice President 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 UVA HSB.

ARTICLE XI CLINICAL STAFF EXECUTIVE COMMITTEE

11.1 DUTIES OF THE CLINICAL STAFF EXECUTIVE COMMITTEE

Subject to the overall authority of the UVA HSB, the Clinical Staff Executive Committee shall be the

executive committee of the Clinical Staff with the following duties to:

- 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 UVA HSB;
- C. Act for 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, 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 institutional approach to patient care within the Medical Center;
- G. Oversee the functions of performance improvement of 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 UVA HSB, as required, on the activities of the Clinical Staff Executive Committee and the Clinical Staff and makes specific recommendations to the UVA HSB relating to the clinical efforts of the Medical Center;
- K. Approve the creation and provide oversight of 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;
- M. Develop a procedure for managing such conflict as may arise between the Clinical Staff and the Clinical Staff Executive Committee on issues related to the adoption, revision or amendment to Clinical Policies of the Medical Center;
- N. Notify Members of the Clinical Staff of its adoption of or amendment to Clinical Staff Policies of

the Medical Center, and

O. Perform such other duties as may be assigned to it by the UVA HSB.

11.2 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
- Vice President of the Clinical Staff
- Chief Executive Officer of the Medical Center
- Chief Medical Officer of the Medical Center
- Chief Nursing Officer of the Medical Center
- Chief of Quality and Performance Improvement
- Dean of the School of Medicine
- Designated Institutional Officer for Graduate Medical Education
- ~~Designated Representative of Transitional Care Hospital~~
- Clinical Chairs of the School of Medicine Departments of the University
- ~~Chair, Children's Hospital Clinical Practice Committee~~
- ~~Clinical Practice Group~~~~Regional Primary Care~~ Medical Director
- Five (5) Clinical Staff Representatives selected by the Clinical Staff and APPs as provided in Section 11.3
- President of the Nursing Staff
- ~~GME Housestaff Council Co-Presidents~~
-

In addition, the Medical Center Chief Operations Officer, ~~and the Chief Medical Officer of University of Virginia Transitional Care Hospital Post-Acute Division~~ shall serve on the Clinical Staff Executive Committee as a non-voting, ex-officio member(s). When the Department Chair is unable to attend a CSEC meeting, the Deputy may attend and vote in place of the Department Chair. The Deputy will count in establishing a quorum.

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.

11.3 SELECTION OF THE CLINICAL STAFF REPRESENTATIVES

There shall be one Member representative on the Clinical Staff Executive Committee from each of the five following areas (the "Clinical Staff Representatives"):

- Primary Care (drawn from General Internal Medicine, General Pediatrics, 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, Orthopedic 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)
- APP Representative (drawn from Audiologists, Optometrists, Licensed or Certified Substance Abuse Counselors, Licensed Professional Counselors, Licensed Clinical Social Workers, Nurse Practitioners, Physician Assistants, and Certified Registered Nurse Anesthetists with UVAMC privileges)
- Transitional Care Hospital (drawn from Internal Medicine)
- Surgical Specialties (drawn from Surgery, Orthopedic Surgery, Neurological Surgery, Urology, Ophthalmology, Otolaryngology, Plastic Surgery, Dentistry, Dermatology, and Obstetrics and Gynecology)

All Clinical Staff Representatives, excluding the APP representative, shall be Active Members of the Clinical Staff in Good Standing, but may not be Clinical Department Chairs of the School of Medicine of the University. 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 whose term is ending, and the Clinical Staff Office shall mail or electronically 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 or APP shall vote for one nominee from the area applicable to their specialty. The nominees receiving the most votes in each of the five (5) 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-third (2/3) vote of the Clinical Staff or upon a majority vote of the UVA HSB. 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.

11.4 MEETINGS OF THE CLINICAL STAFF EXECUTIVE COMMITTEE

The Clinical Staff Executive Committee shall meet at least (10) times per year 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 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 who is not a deputy may attend a meeting for purposes of information sharing but may not vote by proxy and will not count in the quorum.

11.5 DUTIES OF THE CHAIR OF THE CLINICAL STAFF EXECUTIVE COMMITTEE

The President shall serve as the Chair of the Clinical Staff Executive Committee. The duties of the Chair are to:

- A. Set the agenda for meetings of the Clinical Staff Executive Committee;
- B. Preside at the meetings of the Clinical Staff Executive Committee;
- C. 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;
- D. Report as appropriate to the Clinical Staff on the activities of the Clinical Staff Executive Committee;
- E. In conjunction with the Chief Executive Officer, appoint individuals to serve on the Clinical Staff Committees described in Article XIII or otherwise created by the Clinical Staff Executive Committee; and
- F. Report to the UVA HSB, as required, on the activities of the Clinical Staff Executive Committee and the Clinical Staff.

11.6 DUTIES OF THE VICE CHAIR OF THE CLINICAL STAFF EXECUTIVE COMMITTEE

The Vice President 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 each Credentials Committee report to the Clinical Staff Executive Committee;
- C. Assume 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 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.

11.7 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.

11.8 DELEGATING AND REMOVING AUTHORITY OF THE CLINICAL STAFF EXECUTIVE COMMITTEE

The Clinical Staff may from time to time propose the delegation of additional duties to the Clinical Staff Executive Committee and/or the removal of any of the duties specified in Article XI for which the Clinical Staff Executive Committee is responsible whenever the Active Clinical Staff votes at a special meeting of the Clinical Staff called for such purpose to approve such proposals as provided in this Section.

- A. Any Member of the Active Clinical Staff may propose the delegation of additional duties to the Clinical Staff Executive Committee and/or removal of any of the duties specified in Article XI for which the Clinical Staff Executive Committee is responsible by notifying the President of the Clinical Staff, in writing, of the proposal.
- B. Upon receipt of the proposal the President will seek legal review of the proposal to ensure legal sufficiency and compliance. Any changes necessitated by law or regulation shall be made to the proposal.
- C. Once the legal review is complete, the Clinical Staff Office shall circulate the proposal to all members of the Active Clinical Staff for review.
- D. In accordance with the provisions of Article XIV of these Bylaws, if not less than fifteen percent (15%) of the Active Clinical Staff request a special meeting to consider any proposal to delegate additional duties to the Clinical Staff Executive Committee and/or to remove any of the duties specified in Article XI for which the Clinical Staff Executive Committee is responsible, the President shall call a special meeting of the Clinical Staff. If not, any such proposal shall not proceed
- E. A quorum for any such special meeting of the Clinical Staff shall be as provided in Section 14.3 of these Bylaws. If a quorum is present at the special meeting, any decision to add or remove any duties of the Clinical Staff Executive Committee shall require a majority vote in favor of the proposal by those Active Clinical Staff present at the special meeting.
- F. Any such proposal to add or remove any of the duties of the Clinical Staff Executive Committee shall also require the approval of the UVA Health System Board.

ARTICLE XII

SCHOOL OF MEDICINE (SOM) CLINICAL DEPARTMENTS

12.1. Organization of School of Medicine (SOM) Clinical Departments

- A. The Medical Center and the School of Medicine are components of an academic Health System 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 or an employment contract with UPG or employment contract with UVA Community Health Medical Group, LLC UVA Community Health, 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 SOM clinical Departments, and some SOM 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 12.6. 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 12.9.
- 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.
- D. The clinical enterprise is organized into functional units called Service Lines, and some Service Lines are further organized into Unit Based Teams or functional units. Each Service Line is organized as a separate component of the Clinical Staff and shall have a Service Line physician co-lead and an administrator co-lead. The physician co-leads are selected by the Chief Executive Officer and Chief Medical Officer. The authority, duties and responsibilities are specified in Section 12.12. A Service Line unit Based Team or functional unit is directly responsible to the Service Line leaders and each functional unit or area has a Medical Director selected by the Service Line leaders and entrusted with the authority, duties, and responsibilities specified in Section 12.13.

12.2 Current SOM Departments

12.2.1 SOM Departments

The current SOM clinical Departments are:

- (a) Anesthesiology
- ~~(b) Dentistry~~
- ~~(c)~~(b) Dermatology
- ~~(d)~~(c) Emergency Medicine
- ~~(e)~~(d) Family Medicine
- ~~(f)~~(e) Medicine
- ~~(g)~~(f) Neurological Surgery

- ~~(h)~~(g) Neurology
- ~~(i)~~(h) Obstetrics and Gynecology
- ~~(j)~~(i) Ophthalmology
- ~~(k)~~(j) Orthopedic Surgery
- ~~(l)~~(k) Otolaryngology – Head and Neck Surgery
- (m) Pathology
- (n) Pediatrics
- (o) Physical Medicine and Rehabilitation
- (p) Plastic ~~Surgery, and~~ Maxillofacial ~~and Oral Health Surgery~~
- (q) Psychiatry and Neurobehavioral Sciences
- (r) Radiation Oncology
- (s) Radiology
- (t) Surgery
- (u) Urology

12.2.2 Other Clinical Enterprises

For purposes of these Bylaws, Community Medicine and ~~Clinical Practice Group~~~~Regional Primary Care~~ shall be treated as “Departments.” The Chief Medical Officer shall be considered the “Chair” of Community Medicine, and the Medical Director of ~~Clinical Practice Group~~~~Regional Primary Care~~ shall be considered the “Chair” of Regional Primary Care. The EVPHA on behalf of the UVA HSB 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 EVPHA on behalf of the UVA HSB shall designate the person to serve as “Chair.”

12.3 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 in two Departments, the Chairs from each Department shall sign off on the faculty appointment and recommendation of Clinical Privileges.

12.4 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 the clinical functions of the Department;
- K. Formulating recommendations for Departmental or Division rules and regulations reasonably necessary for the proper discharge of its clinical responsibilities, subject to compliance with Medical Center policies; and
- L. Encouraging the continuing education of Members of the Clinical Staff in the Department.

12.5 Clinical 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 and be accountable to the Dean and shall also be

accountable to the Clinical Staff Executive Committee and the UVA HSB for all clinical matters in his or her Department.

- B. For purposes of these Bylaws, the Chair for Community Medicine shall be the Chief Medical Officer, and the Chair for Regional Primary Care shall be its Medical Director. The Chief Medical Officer and the Regional Primary Care Medical Director shall have the same responsibilities as to Department Chairs set forth in these Bylaws or the Credentials Manual with respect to Community Medicine and Regional Primary Care.

12.6 Duties of Clinical 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 and the UVA HSB regarding all professional, clinical and appropriate 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, and procedures, 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, 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, the UVA HSB, or the UVA HSB Quality Subcommittee;
- I. Monitor the quality of patient care and outcomes of 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, the UVA HSB, or the UVA HSB Quality Subcommittee;
- N. 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 use of informatics to support practice;
- 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;
- R. Assess and recommend to the Medical Center resources such as space, number of clinical staff Members, and contract services needed to provide for patient care or treatment;
- S. Integrate the Department into the primary functions of the Medical Center to include coordination and integration of interdepartmental and intradepartmental services; and

- T. 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, the UVA HSB, or the UVA HSB Quality Subcommittee.

12.7 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.

12.8 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 diplomats of their specialty Board or be equivalently qualified.

12.9 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 outcomes for quality and performance improvement, all as part of the Peer Review process;
- C. Evaluate the quality of clinical work performed and outcomes for 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, the UVA HSB, the UVA HSB Quality Subcommittee, 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.

12.10 Medical Directors

The Medical Director coordinates, directs and evaluates all aspects of patient care rendered by the Licensed Independent Providers (faculty, nurse practitioners, and physician assistants) and GME trainees in the assigned Service area. In collaboration with other clinical departments and operational manager, the Medical Director oversees the care of patients being treated in assigned service area.

The Medical Director partners with the Medical Center manager to serve as co-leader of the Unit Based Clinical Leadership (UBL) team for their service area.

12.11 Duties of the Medical Directors

Medical director responsibilities include: regularly attending and leading weekly UBL team and leadership meetings, participating in unit-based patient reviews to identify opportunities for improvement, and have peer to peer dialogues with colleagues as required by Medical Center Policy 0262, “Standards for Professional Behavior”, including the investigation and analysis of adverse events, clinical errors, and incidents, utilizing the institution’s Be Safe program and methods.

Departments and Medical Directors are expected to work together to accomplish the goals of the UVAMC and the Health System.

12.12 Service Line Leaders

Together with the Service Line Administrative Leader, the Service Line Physician Leader is responsible for the leadership and strategic oversight of the operational, financial, and clinical outcomes of his/her assigned service line. This position services as a visible champion of efficiency, quality, and patient safety, creates institutional standards of performance, and assists in the development of strategic and tactical plans to meet or exceed Service Line standards and goals.

12.13 Duties of Service Line Leaders

The Service Line Physician leader is expected to work collaboratively with the Medical Center and School of Medicine’s executive, administrative and physician leadership to support and participate in Medical Center-wide initiatives. He/she is expected to cooperate with clinicians, Departments, and the School of Medicine in providing learning opportunities for students and Graduate Medical Education Trainees. Together with the Service Line Administrator, the Service Line Physician Leader is responsible for Service Line outcomes, resolving operational issues as they arise, and supporting and participating in Health System wide initiatives including quality, safety and patient-centered care.

ARTICLE XIII CLINICAL STAFF STANDING COMMITTEES

13.1 STRUCTURE

The standing Committees of the Clinical Staff are as set forth in these Bylaws.

13.1.1 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 maintain minutes of each meeting and shall report its activities to the Clinical Staff Executive Committee by submitting a written report on an annual basis 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.

13.1.2 Membership

The membership of the Clinical Staff Committees may consist of Members, Advance Practice Providers, Medical Center 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.

13.1.3 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 for a term of three (3) years, subject to the discretion of the President and the Chief Executive Officer, or the resignation of the Clinical Staff Committee member. Appointments can be renewed for an additional three (3) year term subject to the discretion of the President of the Clinical Staff and the Chief Executive Officer.

13.1.4 Quorum, Voting and Meetings

A quorum for each Clinical Staff Executive Committee shall be thirty percent (30%) of the members currently serving, unless the decision involves privileging, and/or corrective action of an individual Practitioner or governance in which the quorum shall be fifty-one percent (51%). All voting and decisions ordinarily shall occur in meetings of the Clinical Staff Committees, 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 four (4) times per year, or as otherwise defined in these Bylaws, and as otherwise called by the chair of the Clinical Staff Committee.

13.1.5 Subcommittees

Each Standing Committee may, with the approval of the Clinical Staff Executive Committee, form Subcommittees or Task Forces as appropriate to carry out the charge of the Standing Committee. All such groups shall be considered Committees of the Clinical Staff.

The chair of each Subcommittee shall report its activities to the appropriate Clinical Staff Committee by submitting a written report on an annual basis and maintaining minutes with attendance for each meeting. Subcommittees shall meet at least four (4) times per year and as otherwise called by the chair of the Subcommittee.

13.2 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 on a biannual 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 UVA HSB 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 annually. The President of the Clinical Staff shall serve as Chair of the Bylaws Committee. Only Members of the Clinical Staff serving on the Bylaws Committee shall be eligible to vote on Bylaws Committee matters.

The Bylaws Committee has the power to adopt revisions that are, in its judgement, non-substantial modifications for the purpose of clarifying, reorganizing or updating references, or to correct titles, punctuation, spelling or errors of grammar or expression.

13.3 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 ensures that providers are appropriately trained and competent. This includes assuring that providers have a reasonable minimum level of ongoing involvement and experience relevant to their privileges. The Credentials Committee shall recommend to the Clinical Staff Executive Committee and the UVA HSB appointment or denial of all Applicants to the Clinical Staff and the granting of Clinical Privileges. When appropriate, the Credentials Committee shall interview a Member or Applicant and/or the Chair of the involved Department in order to resolve questions about appointment, reappointment, or change in 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 authority to amend the Credentials Manual. The Credentials Committee shall also serve as the investigatory body for all matters set forth in Article VIII of these Bylaws. The Credentials Committee shall also independently assess the departmental Peer Review process for Members of the Clinical Staff and for Advance Practice Providers

in order to ensure that data related to qualifications and performance of individual Practitioners is collected, regularly assessed, compared to Peers, and acted upon by the Department in a timely manner. When appropriate, the Credentials Committee shall also refer Practitioners to the Physician Wellness Program or Employee Assistance Program, and shall work with these programs to determine appropriate privileges for each Practitioner's individual circumstances. The Vice President 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.

13.4 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.

13.5 CANCER COMMITTEE

The Cancer Committee oversees the cancer care delivered within the Medical Center and reports to the Clinical Staff Executive Committee. The Committee promotes a coordinated multidisciplinary approach to patient care management and ensures that an active, supportive care system is in place for patients, families and staff, and will follow the requirements outlined in the most current American College of Surgeons Commission on Cancer Program Standards.

13.6 GRADUATE MEDICAL EDUCATION COMMITTEE

The Graduate Medical Education Committee oversees all aspects of GME training and patient care practices within the Medical Center. It ensures that each GME Trainee program provides quality educational experiences and meets the requirements set forth in the ACGME Institutional, Common and individual program requirements. Further, the Committee monitors and coordinates issues applicable or common to all programs, such as those raised by external accreditation agencies (AMA, AAMC, ACGME, and NRMP).

13.7 CHILDREN'S HOSPITAL CLINICAL PRACTICE COMMITTEE

The UVA Children's Hospital Practice Committee is an interdisciplinary committee charged with coordination and implementation of the Plan for Provision of Care for children in both the inpatient and outpatient setting. This Committee addresses clinical practice issues that extend beyond the scope of practice for a single professional discipline (e.g., pediatric medicine and surgery, nutrition, nursing, pharmacy, therapies, social work, etc.) in all settings across the continuum of care. The Committee is responsible for review, coordination, and submission of policies and practices that directly impact all aspects of the clinical and family-centered care of children. The Committee provides organizational guidance regarding faculty, staff, Graduate Medical Trainee, nursing, and other clinician training and competency for the clinical care of children.

13.8 OPERATING ROOM COMMITTEE

The Operating Room Committee is an interdisciplinary committee charged to coordinate and standardize the care of patients undergoing surgical or other invasive procedures. This Committee oversees clinical practice related to Pre, Peri and Post procedure care. It has the authority to establish clinical procedure and policy within the Medical Center Operating Rooms and recommend policy related to those procedures outside of the Operating Room. It works collaboratively with other Committees to monitor and improve care and ensure patient safety.

13.9 CLINICAL INFORMATION TECHNOLOGY OVERSIGHT COMMITTEE

The Clinical Information Technology Oversight Committee (CITOC) is charged with providing clinical oversight for the continued development of a comprehensive, integrated clinical information system for the University of Virginia Medical Center. CITOC will make recommendations about the use and functionality of all current and future information systems that support clinical care. This will include but not be limited to Epic applications, MedHost, PACS and other clinical information systems. This oversight will assure that system change requests, enhancement requests and deployment across systems promotes integrated work and information flows throughout the clinical areas. The Committee will lead the design of processes and programs which strategically use clinical information systems to transform and continually improve the way clinical care is rendered with the primary purposes of enhancing patient safety, improving the quality of care and outcomes, facilitating clinical education and clinical research. Secondary goals are to improve efficiency and reduce the cost of care.

13.10 PATIENT CARE COMMITTEE

The Patient Care Committee is an interdisciplinary committee charged with coordination and implementation of the Plan for Provision of Care for both the inpatient and outpatient setting. This Committee addresses clinical practice issues that extend beyond the scope of practice for a single professional discipline (e.g., medicine, nutrition, nursing, pharmacy, therapies, social work, etc.) in all settings across the continuum of care.

13.11 PATIENT SAFETY & QUALITY COMMITTEE

The Patient Safety & Quality Committee is responsible for evaluating whether the Medical Center is providing safe and quality care by reviewing multiple sources, including learnings from serious and sentinel event reporting, mortality reviews, comparative outcomes data, patient safety indicators, hospital accreditation surveys, closed litigation cases, moral distress consults and culture survey data. The committee uses this information to identify priorities for Be Safe work and performance improvement activities that are needed and monitors those efforts for effectiveness. Recommendations may be made to the Patient Care Committee and Clinical Staff Executive Committee about clinical or operational changes that are needed based on learning from the aforementioned sources of information.

13.12 PATIENT GRIEVANCE COMMITTEE

The Patient Grievance Committee provides oversight to the processes set forth in [Medical Center Policy No. 0070](#) (“Patient Concerns and Grievances”), and assures compliance with all other applicable laws

and regulations. The Committee identifies trends and patterns in grievances and recommends corrective action when indicated. The Patient Grievance Committee reports matters of significance to the Quality Subcommittee of the UVA Health System Board.

13.13 PHARMACY AND THERAPEUTICS COMMITTEE

The Pharmacy and Therapeutics Subcommittee is an interdisciplinary committee charged with the institutional oversight of the use of pharmaceutical and other therapeutic products. This Committee reports to the Clinical Staff Executive Committee and is authorized to develop and maintain a Medical Center formulary that is financially responsible and clinically effective.

13.14 OTHER COMMITTEES

The Chief Executive Officer and the President of the Clinical Staff may designate such other standing committees of the Clinical Staff Executive Committee 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 13.1. In addition, the Medical Center may create, from time to time, any committees deemed necessary.

ARTICLE XIV MEETINGS OF THE CLINICAL STAFF

14.1 REGULAR MEETINGS

Regular meetings of the Clinical Staff shall be held at a time mutually determined by the President and the Chief Executive Officer. 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.

14.2 SPECIAL MEETINGS

The President or Vice President of the Clinical Staff, the Chief Executive Officer, the Clinical Staff Executive Committee, or the UVA HSB 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.

14.3 QUORUM

Except as otherwise provided herein where a higher quorum is required, 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 except as otherwise provided herein.

14.4 ATTENDANCE REQUIREMENTS

Each Member of the Active Clinical Staff 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. The Honorary Clinical Staff are encouraged to but are not required to attend.

14.5 ACTION BY ELECTRONIC MEANS

Unless otherwise required by these Bylaws, whenever these Bylaws require the vote of or action by the Clinical Staff or by the Clinical Staff Executive Committee, such vote or action may be taken by electronic means.

ARTICLE XV CONFIDENTIALITY, IMMUNITY, AND RELEASES

15.1 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 UVA HSB, the UVA HSB 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 UVA HSB, the UVA HSB 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 UVA HSB, the UVA HSB 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.

15.2 Confidentiality of Information; Breach of Confidentiality

- A. Clinical Staff, Department, Division, Committee, Clinical Staff Executive Committee, UVA HSB,

UVA HSB 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.

15.3 Immunity

The Clinical Staff, the Medical Center, the Clinical Staff Executive Committee, the UVA HSB, the UVA HSB 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 which information has been requested by the Medical Center, the Clinical Staff, the Clinical Staff Executive Committee, the UVA HSB, the UVA HSB Quality Subcommittee, or the Board of Visitors, or any of their members or authorized representatives.

15.4 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 facilities or organization’s activities concerning, but not limited to:

- A. The 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 revocation or 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 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.

15.5 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 XVI AMENDMENT OF BYLAWS AND CLINICAL POLICIES

16.1 AMENDMENT OF BYLAWS

The Advance Practice Provider Credentialing Manual is part of the Clinical Staff Bylaws and shall have the same option and amendment process as these Bylaws.

16.1.1 Annual Update

The Clinical Staff Bylaws shall be reviewed at least annually by the Bylaws Committee and updated as necessary.

16.1.2 Proposals to the UVA HSB

The Clinical Staff shall have the ability to adopt Bylaws, and amendments thereto, and to propose them directly to the UVA HSB as provided in these Bylaws.

16.1.3 Process for Amendment

- A. Consideration shall be given to amendment of these Bylaws upon the request of the President, the Vice President, the Chief Executive Officer, the Clinical Staff Executive Committee, the UVA HSB, upon a written petition signed by at least ten percent (10%) of the Active Clinical Staff 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 review and approve, disapprove, or offer modification, as appropriate.

- C. In the event the Clinical Staff Executive Committee does not approve a request for amendment of the Bylaws that is requested by at least ten percent of the Active Clinical Staff members seeking the amendment may ask the President of the Clinical Staff to present the request for amendment to the UVA HSB. The President of the Clinical Staff shall present the petition seeking amendment of the Bylaws to the UVA HSB at the next scheduled meeting of the UVA HSB. The UVA HSB shall review the petition and approve, disapprove, or modify the request for amendment of the Bylaws.
- D. Any amendment(s) to the Bylaws adopted by the Clinical Staff Executive Committee shall be submitted to the Active Clinical Staff and the UVA HSB for review and approval, disapproval or modification, as appropriate.
- E. A minimum of fifty (50) Members of the Active Clinical Staff shall vote in favor or against any proposed amendments to the Bylaws. In order to approve amendments to the Bylaws, a majority of those members of the Active Clinical Staff who vote must vote in favor. Any vote regarding amendments to the Bylaws may be by electronic means.

16.1.4 Review and Action by the UVA HSB

Proposed Bylaws or amendments shall become effective when approved by the UVA HSB or on another date as mutually agreed to by the UVA HSB and Clinical Staff Executive Committee. In the event proposed Bylaws or amendments are not approved or are substantially changed upon UVA HSB review, such Bylaws or amendments shall be referred to the Bylaws Committee, which shall attempt to resolve the differences among the Clinical Staff or the Clinical Staff Executive Committee and the UVA HSB. The Clinical Staff, Clinical Staff Executive Committee, or the UVA HSB may not unilaterally amend these Bylaws.

16.2 Proposing, Adopting and Amending Clinical Policies of the Medical Center

In addition to the policy and procedures set forth in [Medical Center Policy No. 0001](#) (“Medical Center Policy on Policy Development, Review and Approval”) regarding the adoption of or amendment to Medical Center policies, the Clinical Staff may from time to time propose the adoption of or amendment to clinical policies of the Medical Center whenever the Active Clinical Staff votes at a special meeting of the Clinical Staff called for such purpose to approve such proposals as provided in this Section 16.2.

- A. Any Member of the Clinical Staff may propose the adoption of a new Medical Center clinical policy or the amendment of a current Medical Center clinical policy by notifying the President of the Clinical Staff, in writing, of the proposed policy or policy amendment.
- B. Upon receipt of the proposed policy or policy amendment, the President will seek legal review of the proposal to ensure legal sufficiency and compliance. Any changes necessitated by law or regulation shall be made to the proposed policy or policy amendment.
- C. Once the legal review is complete, the Clinical Staff Office shall circulate the proposed policy or

policy amendment to all members of the Active Clinical Staff for review.

- D. In accordance with the provisions of Article XIV of these Bylaws, if not less than ten percent (10%) of the Active Clinical Staff request a special meeting to consider the policy or policy amendment, the President shall call a special meeting of the Clinical Staff. If not, the policy or policy amendment shall not proceed.
- E. A quorum for any such special meeting of the Clinical Staff shall be as provided in Section 14.3 of these Bylaws. If a quorum is present at the special meeting, and a majority of the Active Clinical Staff present at the special meeting approves the proposed policy or policy amendment, then the proposal shall be submitted to the Committee of the Clinical Staff (e.g., Credentials Committee, Quality Committee, Patient Care Committee, etc.) that is responsible for the clinical area to which the proposal relates in accordance with Medical Center Policy No. 0001.
- F. If the appropriate Clinical Staff Committee approves the proposed policy or policy amendment, it shall be forwarded to the Clinical Staff Executive Committee for proposed adoption in accordance with the provisions of Medical Center Policy No. 0001.

16.3 Distribution of Bylaws

Each Member shall be provided with on-line access to these Amended and Restated Clinical Staff Bylaws. If at any time amendments are made to the Bylaws, each Member shall be notified and provided with on-line access to such amendments.