

**Fair Hearing Plan**

**Hendrick Medical Center Brownwood - Fair Hearing Plan**

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**FAIR HEARING PLAN**

**DEFINITIONS**

The following definitions, in addition to those stated for the Medical Staff Bylaws, shall apply to the provisions of this Fair Hearing Plan.

1. APPELLATE REVIEW BODY means the group designated pursuant to this Plan to hear a request for appellate review properly filed and pursued by the practitioner.

2. HEARING COMMITTEE means the committee appointed pursuant to this Plan to conduct an evidentiary hearing properly filed and pursued by a practitioner.

3. PARTIES mean the practitioner who requested the hearing or appellate review and the body or bodies upon whose adverse action a hearing or appellate review request is predicated.

4. SPECIAL NOTICE means notification by certified or registered mail, or hand-delivered.

**ARTICLE I: INITIATION OF HEARING**

1.1 RECOMMENDATION OR ACTIONS

The following recommendations or actions shall, if deemed adverse pursuant to Article I, Section 1.2 of this Fair Hearing Plan, entitle the practitioner affected thereby to a hearing:

a. Denial of initial staff appointment;

b. Denial of reappointment;

c. Suspension of staff membership;

d. Revocation of staff membership;

e. Denial of requested advancement of staff category, if such denial materially limits the practitioner's exercise or privileges.

f. Reduction of staff category due to an adverse determination as to a practitioner's competence or professional conduct;

g. Limitation of the right to admit patients;

h. Denial of an initial request for particular clinical privileges;

i. Reduction of clinical privileges;

j. Permanent suspension of clinical privileges;

k. Revocation of clinical privileges;

1. Terms of probation, if such terms of probation materially restrict the practitioner's exercise of privileges; and

m. Summary suspension of privileges or staff membership for a period in excess of thirty (30) days.

1.2 NOTICE OF ADVERSE RECOMMENDATION OR ACTION

A practitioner against whom an adverse recommendation or action has been taken pursuant to Section 5.4.2 of the Bylaws shall promptly be given special notice of such action. Such notice shall:

a. Advise the practitioner of the proposed action and the basis for the adverse action.

b. Advise the practitioner of his right to a hearing pursuant to the provisions of the Medical Staff Bylaws and of this Fair Hearing Plan.

c. Thirty (30) days following the date of receipt of notice within which a request for a hearing must be submitted.

d. State that failure to request a hearing within the specified time period shall constitute a waiver of rights to a hearing and to an appellate review on the matter.

e. State that upon receipt of his hearing request, the practitioner will be notified of the date, time and place of the hearing, and provided with a statement of issues and events upon which the adverse action is based.

f. At the time of notification the practitioner shall be supplied a current copy of the Medical Staff Bylaws and the Fair Hearing Plan.

1.3 REQUEST FOR HEARING

A practitioner shall have thirty (30) days following his receipt of a notice pursuant to Section 1.1 to file a written request for a hearing. Such requests shall be delivered to the CAO either in person or by certified or registered mail.

1.4 WAIVER BY FAILURE TO REQUEST A HEARING

A practitioner who fails to request a hearing within the time and in the manner specified in Section 1.2 waives any right to such a hearing to any appellate review to which he might otherwise have been entitled. Such waiver in connection with:

a. An adverse action by the Trustees shall constitute acceptance of that action, which shall there upon become effective as the final decision by the Trustees.

b. An adverse recommendation by the MEC shall constitute acceptance of that recommendation, which shall thereupon become and remain effective pending the final decision of the Trustees. The Trustees shall consider the committee's recommendation at its next regular meeting following waiver. In its deliberations, the Trustees shall review all relevant information and material considered by the committee and may consider all other relevant information received from any source. If the Trustees' action on the matter is in accord with the MEC's recommendation, such action shall constitute a final decision of the Trustees. If the Trustees' action has the effect of changing the MEC's recommendation, the matter shall be submitted to a joint conference as provided in Section 7.2 of this Plan. The Trustees' action on the matter following receipt of the joint conference recommendation shall constitute its final decision. The CAO shall promptly, but in no event later than twenty (20) days, send the practitioner special notice informing him of each action taken pursuant to this Section l .3(b) and shall notify the Chief of Staff and the MEC of each such action.

**ARTICLE II: HEARING PREREQUISITES**

2.1 NOTICE OF TIME AND PLACE FOR HEARING

Upon receipt of a timely request for hearing, the CAO shall deliver such request to the Chief of Staff or to the Chair of the Trustees, depending on whose recommendation or action prompted the request for hearing. At least thirty (30) days prior to the hearing, the CAO shall send the physician/ practitioner special notice of the time, place and date of the hearing, and a list of witnesses the MEC or Trustees may call. The practitioner is required to submit a list of his witness to the MEC or Trustees at least ten (10) days before the hearing. The hearing date shall be not less than thirty (30) nor more than ninety (90) days from the date of this notice; provided, however, that a hearing for a practitioner who is under summary action then in effect shall be held as soon as the arrangements for it may reasonably be made if the practitioner waives the thirty (30)-day notice provision in this section in writing.

2.2 STATEMENT OF ISSUES AND EVENTS

The notice of hearing required by Section 2.1 shall contain a concise statement of the practitioner's alleged acts or omissions, a list by number of the specific (or representative) patient records in question and/or the other reasons or subject matter forming the basis for the adverse recommendation or action which is the subject of the hearing.

2.3 APPOINTMENT OF HEARING COMMITTEE

2.3.1 BY MEDICAL STAFF

A hearing occasioned by an adverse MEC recommendation shall be conducted by a hearing officer or arbitrator or a hearing committee composed of at least three (3) individuals appointed by the Chief of Staff and subject to the CAO's approval since the obligation of procedure due process belongs to the Hospital, not the Medical Staff. The Chief of Staff shall designate one of the members as Chairman. The choice of a hearing officer or hearing committee and the composition of a hearing committee or the qualifications of the hearing officer, are at the discretion of the Chief of Staff but require CAO approval. The arbitrator selected must be acceptable to the practitioner and CAO. Members of the hearing committee or the hearing officer should not be direct economic competitors of the subject practitioner.

The affected individual shall have ten (10) days after notice of the appointment of the Hearing Committee members to object and identify in writing, any conflict of interest with any Hearing Committee members which the affected individual believes should disqualify the Hearing Committee member(s) from service. The failure of the affected individual to object and identify any conflict of interest as stated above shall constitute a waiver of any such right. Within seven (7) days of the receipt of the objections, the Chief of Staff shall determine whether such grounds asserted by the affected individual are sufficient for disqualification. If a determination is made that a disqualification is appropriate, a replacement shall be appointed within seven (7) days of the determination. The Chief of Staff shall advise the affected individual accordingly. One (1) of the members so appointed shall be designated as Chairperson.

2.3.2 BY TRUSTEES

A hearing occasioned by an adverse action of the Trustees shall be conducted by a hearing committee appointed by the Chairman of the Trustees composed of at least three (3) persons and subject to the CAO's approval. The hearing committee shall include Medical Staff representation with at least two (2) Medical Staff members included on the committee when feasible. One of the appointees to the committee shall be designated as Chairman by the Chairman of the Trustees and subject to the CAO's approval. Members of the hearing committee should not be direct economic competitors of the subject practitioner.

The affected individual shall have ten (10) days after notice of the appointment of the Hearing Committee members to object and identify in writing, any conflict of interest with any Hearing Committee member(s) from service. The failure of the affected individual to object and identify any conflict of interest as stated above shall constitute a waiver of any such right. Within seven (7) days of the receipt of the objections, the Board Chairman shall determine whether such grounds asserted by the affected individual are sufficient for disqualification if a determination is made that a disqualification is appropriate, a replacement shall be appointed within seven (7) days of the determination. The Board Chairman shall advise the affected individual accordingly. One (1) of the members so appointed shall be designated as Chairperson.

2.3.3 SERVICE ONHEARING COMMITIEE

An individual shall not be disqualified from serving as hearing officer, arbitrator, or on a hearing committee solely because he/she has participated in investigating the underlying matter at issue or voted on the adverse action if multiple activities, malfeasance, or infractions are involved, involvement in the investigation of one portion shall not be considered grounds for disqualification from service on the Hearing Committee.

**ARTICLE III: HEARING PROCEDURE**

3.1 PERSONAL PRESENCE

The personal presence of the practitioner who requested the hearing shall be required. A practitioner who fails without good cause to appear and proceed at any portion of such hearing shall be deemed to have waived his rights in the same manner and with the same consequence as provided in Section 1.6.

3.2 PRESIDING OFFICER

Either the hearing officer, if one is appointed, or the Chairman of the Hearing Committee, or legal counsel to the Hearing Committee if approved by the Chairman, shall be the presiding officer. The Presiding Officer shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence. He shall be entitled to determine the order of procedure during the hearing, the amount of time and/or number of witnesses permitted for each party, and shall make all rulings on matters of law, procedure, and the admissibility of evidence.

3.3 REPRESENTATION

The practitioner who requested the hearing shall be entitled to be accompanied and represented at the hearing by a member of the Medical Staff in good standing or by a member of his local professional society. The Chief of Staff or the Chairman of the Trustees, depending on whose recommendation or action prompted the hearing, shall represent the facts in support of its adverse recommendation or action, and to examine witnesses. The provisions of Section 8.2 of this Plan shall govern representation of either party by an attorney at law.

3.4 RIGHTS OF PARTIES

During a hearing, each of the parties shall have the right to:

a. Call and examine witnesses

b. Introduce exhibits

c. Cross-examine any witness on any matter relevant to the issues

d. Impeach any witness

e. Rebut any evidence

f. Request that the record of the hearing be made by use of a court reporter

g. To submit a written statement at the close of the hearing

Although the practitioner who requested the hearing may call witnesses, they are under no obligation to appear. Each party is responsible to arrange for the attendance of his or her witnesses. If the practitioner who requested the hearing does not testify in his own behalf, he may be called and examined as if under cross-examination.

3.5 PROCEDURE AND EVIDENCE

Neither party is entitled to discovery or to access the other party's documents in preparation for the hearing, except as provided below:

1. The practitioner is entitled to review the medical records or other documents sited in the notice letter as the basis for the adverse action. In addition, the MEC or the Trustees will provide the practitioner with a copy of all documents that are to be presented in the hearing at least 10 (ten) days prior to the hearing. The practitioner is required to provide MEC or the Trustees with a copy of all documents that the physician/ practitioner plans to present in the hearing at least ten (10) days prior to the hearing.
2. The Presiding Officer has the authority to require a pre-hearing conference to address procedural issues and legal objections before the actual hearing. The physician/ practitioner shall not be entitled to review or address medical peer review actions or data for other physicians/practitioners in preparation for or during the hearing.
3. The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which responsible persons customarily rely in the conduct of serious affairs shall be admitted, regardless of the admissibility of such evidence in a court of law. Each party shall, prior to or during the hearing, be entitled to submit memoranda concerning any issue of law or fact, and such memoranda shall become part of the hearing record. The Presiding Officer may, but shall not be required to, order that oral evidence be taken only on oath or affirmation administered by any person designated by him and entitled to notarize documents in the state where the hearing is held.

3.6 OFFICIAL NOTICE

In reaching a decision, the Hearing Committee may take official notice, either before or after submission of the matter for decision, of any generally accepted technical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the courts of the state where the hearing is held. Parties present at the hearing shall be informed of the matters to be noticed and those matters shall be noted in the hearing record. Any party shall be given opportunity, on timely request, to request that a matter be officially noticed and to refute the officially noticed matters by evidence or by written or oral presentation of authority, the manner of such refutation to be determined by the hearing committee. The committee shall also be entitled to consider all other information that can be considered, pursuant to the Medical Staff Bylaws, in connection with applications for appointment or reappointment to the Medical Staff and for clinical privileges and is presented in the hearing.

3.7 BURDEN OF PROOF

It shall be the obligation of the MEC or Trustees' representative to present appropriate evidence in support of the adverse recommendation or decision. The affected practitioner may support his/her challenge to the adverse recommendation or decision by an appropriate showing that the charges or grounds involved lack any factual basis, or that such basis or the action taken thereon is either arbitrary, unreasonable, or capricious. An adverse action should be imposed only on the basis of a finding by the hearing committee of substantial evidence to support the ground for the adverse action.

3.8 RECORD OF HEARING

A record of the hearing shall be kept that is of sufficient accuracy to permit an informed and valid judgment to be made by any group that may later be called upon to review the record and render a recommendation or decision in the matter. The CAO will secure a court reporter and is responsible for payment of the costs. The practitioner may obtain a copy of the record on payment of the court reporter's costs for the copy.

3.9 POSTPONEMENT

Request for postponement of a hearing by either party shall be granted by the Hearing Committee only upon a showing of good cause and only if the request \_therefore is made as soon as is reasonably practical.

3.10 PRESENCE OF HEARING COMMITEE MEMBERS AND VOTE

A majority of the Hearing Committee must be present throughout the hearing and deliberations. If a committee member is absent from any part of the proceedings, he shall not be permitted to participate in the deliberations or the decision unless he certifies to having read the portion of the record for the time missed. The Hearing Committee retains the right to reschedule hearings as needed to ensure the presence of its members.

3.11 RECESSES AND ADJOURNMENT

The Hearing Committee may recess the hearing and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation Upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Hearing Committee shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties. The Hearing Committee shall reach a decision within thirty (30) days of closing the hearing. Upon conclusion of its deliberations, the hearing shall be declared finally adjourned.

**ARTICLE IV: HEARING COMMITTEE REPORT AND FURTHER ACTION**

4.1 HEARING COMMTITEE REPORT

Within fourteen (14) days after the proceeding, or if no transcript is ordered, then thirty (30) days, the Hearing Committee shall make a written report of its findings and recommendations in the matter and shall forward the same, together with the hearing record and all other documentation considered by it to the CAO who sends a copy to the body whose adverse recommendation or action occasioned the hearing. A copy of the Hearing Committee's written report of its findings and recommendations will be forwarded to the practitioner by special notice. All findings and recommendations by the Hearing Committee shall be supported by reference to the hearing record and other documentation considered by it. These references should be specific as necessary, but this requirement should not be interpreted to mean exhaustive referencing is required. The Hearing Committee is encouraged, but not required, to include references to the hearing record and other documentation considered in the report. .

4.2 ACTION ON HEARING COMMITTEE REPORT

Within twenty-eight (28) days after receipt of the report of the Hearing Committee, the MEC or the Trustees, as the case may be, shall consider the same and affirm, modify or reverse its recommendation or action in the matter. It shall transmit the result, together with the hearing record, the report of the hearing committee and all other documentation considered, to the CAO.

4.3 NOTICE AND EFFECT OF RESULT

4.3.1 NOTICE

The CAO shall promptly send a copy of the result of the MEC or Trustees' recommendation to the practitioner by special notice, to the Chief of Staff, to the MEC and to the Trustees.

4.3.2 EFFECT OF FAVORABLE RESULT

1. Adopted by the Trustees: If the Trustees' result pursuant to Section 4.2 is favorable to the practitioner, such result shall become the final decision of the Trustees and the matter shall be considered finally closed.

b. Adopted by the MEC: If the MEC's result is favorable to the practitioner, the CAO shall promptly forward it, together with all supporting documentation, to the Trustees for its final action. The Trustees shall take action thereon by adopting or rejecting the MEC's result in whole or in part, or by referring the matter back to the MEC for further reconsideration. Any such referral back shall state the reasons therefor, set a time limit within which a subsequent recommendation to the Trustees must be made, and may include a directive that an additional hearing be conducted to clarify issues that are in doubt. After receipt of such subsequent recommendation and any new evidence in the matter, the Trustees take final action. The CAO shall promptly send the practitioner special notice informing him of each action taken pursuant to this Section 4.3-2 (b). Favorable action shall become the final decision of the Trustees, and the matter shall be considered finally dosed. ff the Trustees' action is adverse in any of the respects listed in Section 5.4.1 of the Bylaws, the special notice shall inform the practitioner of his right to request an appellate review by the Trustees as provided in Section 5.1 of this Plan.

4.3.3 EFFECT OF ADVERSE RESULT

If the result of the MEC or of the Trustees continues to be adverse to the practitioner in any of the respects listed in Section 1.1 of this Plan, the special notice required by Section 4.3-1 shall inform the practitioner no later than 14 days of his right to request an appellate review by the Trustees as provided in Section 5.1 of this Plan and of requirement to submit written statement per Section 6.2 of this Plan.

**ARTICLE V: INITIATION AND PREREQUISITES OF APPELLATE REVIEW**

5.1 REQUEST FOR APPELLATE REVIEW

A practitioner shall have fourteen (14) days following his receipt of a notice pursuant to Section 4.3.2(b) or 4.3.3 to file a written request for an appellate review. Such request shall be delivered to the CAO either in person or by certified or registered mail and may include a request for a copy of the hearing report, the record of the hearing upon payment of copy costs, any material that was considered by the MEC or Board of Trustees after receipt of the hearing report.

5.2 WAIYER BY FAILURE TO REQUEST APPELLATE REVIEW

A practitioner who fails to request an appellate review within the time and in the manner specified in Section 5.1 above waives any right to such review. Such waiver shall have the same force and effect as that provided in Section 1.2 of this Plan.

5.3 NOTICE OF TIME AND PLACE FOR APPELLATE REVIEW

Upon receipt of a timely request for appellate review, the CAO shall deliver such request to the Trustees. As soon as practicable, the Trustees shall schedule and arrange for an appellate review. The CAO shall send the practitioner special notice of the time, place, and date of the review which shall be not less than twenty one (21) days from the date of this notice to the physician/ practitioner; provided, however, that an appellate review for a practitioner who is under a summary action then in effect shall be held as soon as the arrangements for it may reasonably be made if the practitioner waives in writing the ten (10) day notice. The appellate review body for good cause and if the request therefore is made as soon as is reasonably practical may extend the time for the appellate review.

5.4 APPELLATE REVIEW BODY

The Trustees shall determine whether the appellate review shall be conducted by the Trustees as a whole or by an appellate review committee of at least three (3) members of the Trustees appointed by the Chairman of the Trustees. If a committee is appointed, one of its members shall be designated as chairman.

**ARTICLE VI: APPELLATE REVIEW PROCEDURE**

6.1 NATURE OF PROCEEDINGS

The proceedings by the review body shall be in the nature of an appellate review based upon the record of the hearing before the hearing committee, that committee's report, and all subsequent results and actions thereon. The appellate review body shall also consider the written statements, if any, submitted pursuant to Section 6.2 of this Plan and such other material as may be presented and accepted under Sections 6.4 and 6.5 of this Plan.

6.2 WRITTEN STATEMENTS

The practitioner seeking the review must submit a written statement detailing the findings of fact, conclusions and procedural matters with which he disagrees, and his reasons for such disagreement. This written statement shall cover any matters raised at any step in the hearing process, and legal counsel may assist in its preparation. The statement shall be submitted to the appellate review body through the CAO at least seven (7) days prior to the scheduled date of the appellate review, except if such time limit is waived by the appellate body. A written statement in reply may be submitted by the MEC or by the Trustees, and if submitted, the CAO shall provide a copy thereof to the practitioner at least three (3) days prior to the scheduled date of the appellate review.

6.3 PRESIDING OFFICER

The Chairman of the Appellate Review Body shall be presiding officer. He shall determine the order of procedure during the review, make all required rulings, and maintain decorum.

6.4 ORAL STATEMENT

The Appellate Review Body, in its sole discretion, may allow the parties or their representatives to personally appear and make oral statements in favor of their positions subject to time limitations established by the Chairman. Any party or representative so appearing shall be required to answer questions put to him by any member of the Appellate Review Body.

6.5 CONSIDERATION OF NEW OR ADDITIONAL MATTERS

New or additional evidence or proof that was not available at the time of the hearing may be introduced at the appellate review only in the discretion of the Appellate Review Body, following an explanation by the party requesting the consideration of such matter or evidence as to why it was not presented earlier.

6.6 PRESENCE OF MEMBERS AND VOTE

A majority of the Appellate Review Body must be present throughout the review and deliberations. If a member of the Review Body is absent from any part of the proceedings, he shall not be permitted to participate in the deliberations or the decision.

6.7 RECESSES AND ADJOURNMENT

The Appellate Review Body may recess the review proceedings and reconvene the same without additional notice for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. Upon the conclusion of oral statements, if allowed, the appellate review shall be closed. The Appellate Review Body shall reach a decision within thirty (30) days of closing the appellate review. If the practitioner is subject to summary action all reasonable efforts will be made to reach a decision in an expedited manner and issue a written report to the Trustees.

6.8 ACTION TAKEN

The Appellate Review Body may recommend that the Trustees affirm, modify or reverse the adverse result or action taken by the MEC or by the Trustees pursuant to Section 4.2 or 4.3.2(b), or, in its discretion, may refer the matter back to the hearing committee or MEC for further review and recommendation to be returned to it within fourteen (14) days and in accordance with its instructions. Within seven (7) days after receipt of such recommendations after referral, the Appellate Review Body shall make its recommendation to the Trustees as provided in this Section 6.8.

6.9 CONCLUSION

The appellate review shall not be deemed to be concluded until all of the procedural steps provided herein have been completed or waived. ·

**ARTICLE VII: FINAL DECISION OF THE TRUSTEES**

7.1 TRUSTEES ACTION

No later than twenty eight (28) days of receipt of the Appellate Review Body's report, the Trustees shall render its final decision in the matter in writing and shall send notice thereof to the practitioner by special notice, to the Chief of Staff, and to the MEC. If this decision is in accord with the MEC's last recommendation in the matter, if any, it shall be immediately effective and final. If the Trustees' action has the effect of changing the MEC's last recommendation, if any, the Trustees shall refer the matter to a joint conference as provided in Section 7.2 below. The Trustees' action on the matter following receipt of the joint conference recommendation shall be immediately effective and final.

7.2 JOINT CONFERENCE REVIEW

Within fourteen (14) days of its receipt of a matter referred to it by the Trustees pursuant to the provisions in this Plan, a joint conference of equal numbers of Medical Staff and Trustees members shall convene to consider the matter and shall submit its written recommendation to the Trustees. The joint conference shall be appointed by the Chief of Staff and composed of the MEC and the Trustees.

**ARTICLE VIII: GENERAL PROVISIONS**

8.1 LEGAL COUNSEL FOR THE HEARING COMMITTEE

Legal counsel for the Hearing Committee should be an attorney who has not advised the MEC or the Board of Trustees on the adverse action and who is knowledgeable on these types of hearings. Counsel for the Hearing Committee should be permitted to attend deliberations for the purpose of providing legal advice and drafting the hearing report for the committee.

8.2 PREPARATION OF THE HEARING COMMITIEE

As it is expected that the Hearing Committee will have no foreknowledge of the events to be presented, and may have no experience on such a Hearing Committee, certain steps may be taken to ensure adequate preparation for their role. This may include meeting with legal counsel of the medical staff or with members of the medical staff who have served on similar committee in the past. Such meetings will be limited to procedures regarding the conduct of such hearings and will not focus on the specifics of a given case

8.3 ATTORNEYS

If the effected practitioner desires to be represented by an attorney at any hearing or at any appellate review appearance pursuant to Section 6.4, his initial request for the hearing must state his choice to be so represented at either or both such proceedings in the event they are held. The practitioner automatically has the right to be represented by an attorney. Only if the practitioner is so represented shall the MEC or the Trustees be allowed representation by an attorney. The foregoing shall not be deemed\_to deprive the practitioner, the MEC or the Trustees of the right to legal counsel in connection with preparation for a hearing or an appellate review.

8.4 NUMBER OF HEARINGS AND REVIEWS

Notwithstanding any other provision of the Medical Staff Bylaws or of this Plan, no physician/ practitioner shall be entitled as a right to more than one evidentiary hearing and appellate review with respect to an adverse recommendation or action.

8.5 RELEASE

By requesting a hearing or appellate review under this Fair Hearing Plan, a practitioner agrees to be bound by the provisions Article 11, Section 11.3 in the Medical Staff Bylaws relating to immunity from liability in all matters relating thereto. (Approved by the BOT 02 22 2006)

8.6 WAIVER

If at any time after receipt of special notice of an adverse recommendation, action or result, a practitioner fails to make a required request or appearance or otherwise fails to comply with this Fair Hearing Plan or to proceed with the matter, he shall be deemed to have consented to such adverse recommendation, action or result and to have voluntarily waived all rights to which he might otherwise have been entitled under the Medical Staff Bylaws then in effect or under this Fair Hearing Plan with respect to the matter involved.

**ARTICLE IX: ADOPTION AND AMENDMENT**

9.1 AMENDMENT

The Fair Hearing Plan may be adopted, amended, or repealed, in whole or in part, by resolution of the MEC, recommended to and approved by a majority of the Medical Staff and forwarded to the Trustees for approval, subject to the Bylaws of the respective bodies. Neither the Medical Staff nor the Board of Trustees may unilaterally amend the Fair Hearing Plan.