UNIVERSITY OF CALIFORNIA
SAN FRANCISCO HEALTH MEDICAL STAFF

INVESTIGATIONS, CORRECTIVE ACTIONS, AND FAIR HEARING PLAN

Approved on 07/28/2026 by the Medical Staff
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DEFINITIONS

Unless otherwise stated, the definitions that apply to the terms set forth in this Investigations, Corrective Actions, and Fair Hearing Plan are the same definitions set forth in the Medical Staff Bylaws. For brevity, this Plan is sometimes referred to as "the Plan" or "the Fair Hearing Plan."

ARTICLE 23. INVESTIGATION AND CORRECTIVE ACTION

23.1 Role of the Medical Staff

The Medical Staff is responsible for overseeing the quality of medical care, treatment, and services delivered by its Members and Advanced Practice Providers to patients of UCSF Health. Investigations and corrective actions as described in this Plan apply to those Members and Advanced Practice Providers holding privileges at the Medical Center. The following provisions are designed to achieve performance improvement through collegial peer review and educative measures whenever possible, but with recognition that, when circumstances warrant, the Medical Staff is responsible to embark on formal investigation and discipline necessary to achieve and assure quality of care and patient safety. For Members providing services at clinical affiliated network locations, refer to location specific Policies to determine the applicability of this Plan.

23.2 Types of Corrective Actions

There are formal and informal corrective actions. Formal corrective actions may be taken for a "medical disciplinary cause or reason" (meaning that aspect of an applicant's or Member's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care). Formal corrective actions may include termination, suspension, restriction, limitation, or conditions placed upon the continued exercise of membership and/or clinical privileges. Informal corrective actions are warnings, reprimands, fines or measures taken to correct or improve the concerning matters, but do not constitute restrictions or discipline on membership or clinical privileges. Automatic actions on membership and/or privileges that are not taken for a medical disciplinary cause or reason are deemed administrative actions.

23.3 Preliminary Review of Concerns

Anyone who has any question or concern regarding the quality or safety of care provided by, or the conduct of, a Member of the Medical Staff, may report the question or concern to the Department Chair or Service Chief, Medical Staff President, and/or the Chief Medical Officer. The recipient of the question or concern, or designee, may initiate a preliminary review of the issue or refer it to the President of the Medical Staff. The Department Chair or Service Chief must keep the Medical Staff President apprised of all reports of potentially significant problems, any preliminary reviews conducted as a result thereof, and any conclusion reached as a result of any preliminary review undertaken by the Department. If the Department Chair or Service Chief concludes that grounds for initiating a formal investigation may exist, they must submit a written or electronic request for an investigation to the Medical Staff President in accordance with Section 23.6 below. A preliminary review does not constitute an investigation.

23.4 Informal Corrective Measures

Following a preliminary review of any question or concern or an investigation (as described below), the Member's Department Chair or Service Chief or the Executive Medical Board

may take informal action, including but not limited to letters of admonition, warning, censure or reprimand, recommended monitoring or coaching, monetary fine, or other plan for improvement as determined by the facts, or a referral to the School of Medicine for corrective action if the Member is not in good standing. These informal actions do not constitute discipline of the Member, and do not entitle the Member to hearing rights. The informal corrective measure(s) will be documented in the Member's peer review file. Executive Medical Board approval is not required for such informal actions taken by the Department Chair or Service Chief, although the actions may be reported to the Executive Medical Board.

23.5 Notice of Informal Corrective Measures

If the Department Chair, Service Chief, or the Executive Medical Board takes informal action(s) following preliminary review or an investigation, the Member will receive written notice of the informal action(s).

23.6 Request for Formal Investigation or Formal Corrective Action

Any person may provide information to the Department Chair or Service Chief, the President of the Medical Staff, the Chief Medical Officer, or the Chief Executive Officer of UCSF Health about the conduct, performance, or competence of a Member that they believe warrants an investigation. A request for a formal investigation must be made electronically or in writing to the President of the Medical Staff along with reference to the specific activities or conduct prompting the request. The Medical Staff President may act directly on the request, consistent with Section 23.7, or forward the request to the Executive Medical Board for consideration.

If a formal investigation is not initiated, the President of the Medical Staff will document the request and the reason(s) why an investigation was not warranted and submit this documentation to the Office for Medical Affairs and Governance.

23.7 Triggering Formal Investigation or Corrective Action

A formal investigation may be initiated by the Medical Staff President and/or the Executive Medical Board whenever reliable information indicates a Member may have exhibited acts, demeanor or conduct, either within or outside of UCSF Health locations, that is reasonably likely to be:

a. Detrimental to patient safety or to the delivery of quality patient care within the Medical Center or its clinics or facilities.

b. A breach of patient privacy and confidentiality.

c. A material misrepresentation or omission to the Medical Staff, including on an application for appointment or reappointment.

d. A violation of Medical Staff Bylaws, Plans, Rules, and Policies of the Medical Center or of the Medical Staff. This includes, but is not be limited to, failure to

adhere to approved admitting and discharge policies, failure to comply with responsibilities relative to consultation and call, violation of UCSF Medical Center Professional Code of Conduct Policy 1.02.22, and the UCSF Medical Center Conflict of Interest Policy.

e. Unethical behavior. This includes unethical behavior as described in the American Medical Association Code of Medical Ethics, the University of California Standards of Ethical Conduct, and the University of California Statement of Ethical Values.

f. Care Below Applicable Standards. This includes, but is not limited to, incompetence, failure to adhere to patient care policies of UCSF Health, clinical performance below the standards of practice established by the clinical Department, provision of sub-optimal and/or substandard care as determined by the clinical Department, substantial or consistent misdiagnosis, and/or a demonstrated lack of clinical competence as determined by the clinical Department.

g. Misconduct. Unprofessional or disruptive behavior involving or affecting, whether directly or indirectly, the delivery of patient care, quality of care, and/or patient safety, or that interferes with Medical Center operations or Medical Staff functions. This includes, but is not limited to, abandonment of a patient, unethical behavior, falsification of records, intimidation of others, retaliation, sexual misconduct in violation of UC Sexual Harassment and Sexual Violence Policy, violation of general responsibilities of membership, or violation of the Medical Staff Conduct Guidelines or the UCSF Medical Center Professional Code of Conduct Policy 1.02.22.

h. Improper use of UCSF Medical Center resources as determined by the Medical Center.

23.8 Notice of Formal Investigation

If a formal investigation is initiated, the Member must be notified via secure electronic platform that an investigation is being conducted and the concerns being investigated. The Member must be given an opportunity to provide information in a manner and upon such terms as the investigating body deems appropriate.

23.9 Conduct of Investigation

a. Investigation Body. Upon initiation of an investigation, the Medical Staff President and/or Executive Medical Board may conduct the investigation or delegate the investigation to a committee, such as the Physician Review Board. In the event the Medical Staff President has a conflict of interest, the chair of the Credentials Committee is responsible for assigning the matter to the appropriate committee.

b. Continuing Authority of Executive Medical Board. The Executive Medical Board is authorized to determine the parameters for any investigation. Regardless of the status of any investigation, the Executive Medical Board is authorized to take and

implement any action required by the circumstances, including summary action (summary suspension or summary restriction of privileges) at any time, in the exercise of its discretion.

c. Time Frame. The time frames established in this Plan for conducting investigations and corrective actions are intended to guide the good faith and diligent exercise of responsibilities. However, failure to meet a time limitation stated in this Plan does not affect the authority of the Executive Medical Board to take any action deemed warranted under the circumstances.

d. Interviews. The Member may be provided an opportunity to appear before an investigatory committee, such as the Physician Review Board. Interviews of the Member and/or witnesses conducted by the investigatory committee do not constitute a hearing, are preliminary in nature, and need not be conducted according to the procedural or evidentiary rules applicable to hearings. Neither a Member under investigation nor any witness has the right to be accompanied by legal counsel at an interview conducted as part of the investigation. Unless good cause is established, failure of a Member to participate in an interview when so requested constitutes a failure by the Member to cooperate and comply with the Bylaws, and constitutes a basis for discipline as determined by the Executive Medical Board.

e. Confidentiality. To maintain confidentiality, participants in the investigative and corrective action process must limit their discussion of the matters involved only in formal avenues provided in these Bylaws for peer review and discipline.

23.10 Completion of Investigation

a. Promptly after completion of the investigation, a written report of findings and recommendations, if any, by the Physician Review Board or the investigating body will be made to the President of the Medical Staff.

b. As soon as practicable after receipt of the report of findings and recommendations of the investigating body, the President of the Medical Staff will notify the affected Member in writing or secure platform that the investigation is complete and will furnish the Member with a summary of the findings and recommendations, if any, and of the opportunity to appear before the Executive Medical Board and/or submit a written response for consideration by the Executive Medical Board.

The President of the Medical Staff will provide the written report of the investigating body's findings and recommendations to the Executive Medical Board for consideration, along with any response submitted by the Member, at its next regularly scheduled meeting, a meeting to be held no later than thirty-five (35) days after the next regularly scheduled meeting, or a special meeting.

23.11 Formal Corrective Action

After consideration of the investigating body's report, the Member's response, if any, and/or the appearance by the Member at a meeting, and any other relevant information, the

Executive Medical Board will determine what action is warranted under the circumstances, which may include, without limitation:

a. Determine that no corrective action is to be taken;

b. Defer action for a reasonable time where circumstances warrant;

c. Recommend the imposition of terms of probation or special limitation upon continued Medical Staff membership or exercise of clinical privileges, including, without limitation, requirements for co-admissions, mandatory consultation, or monitoring;

d. Recommend restriction, reduction, modification, summary suspension, non-summary suspension, termination, or revocation of membership and/or privileges. If a suspension of privileges is recommended, the terms and duration of the suspension and the conditions, if any, that must be met before the suspension is ended must be stated;

e. Recommend that an already-imposed suspension of privileges be terminated, modified, or sustained;

f. Issue letters of admonition, censure, reprimand or warning, although nothing herein precludes Department Chairs, Service Chiefs, Committee Chairs or the Executive Medical Board from issuing informal written or oral warnings outside the mechanism for corrective action. In the event such letters are issued, the affected Member may make a written response, which shall be placed in the Member's file;

g. Refer the Member to the Well-Being Committee or Committee on Professionalism or other committee or entity for evaluation, training, and follow-up, as appropriate; or

h. Take other appropriate action, including referring the Member to an Intermediary Review Council.

23.12 Notice of Corrective Action

In all instances where the Executive Medical Board takes or recommends formal or informal action, written notice of the final proposed decision must be sent to the Member and the Governance Advisory Council. If the Executive Medical Board recommends an action that constitutes grounds for a hearing under this Fair Hearing Plan, the President of the Medical Staff must give the Member written notice of the adverse recommendation and of the right to request a hearing in accordance with Section 24.5.

23.13 Procedural Rights

Any action or recommendation by the Executive Medical Board that constitutes grounds for a hearing under Section 24.3 entitles the affected Member to the procedural rights contained in Article 24. Except for summary suspensions and summary restrictions, any

recommendation that constitutes grounds for a hearing under Section 24.3 must be held in abeyance and will not be acted upon by the Governance Advisory Council until the Member has waived or exhausted their rights under Article 24. If the corrective action does not constitute grounds for hearing under Section 24.3, the action does not entitle the Member to a hearing.

In the case of a recommendation that does not constitute grounds for a hearing under Section 24.3 but would, if adopted by the Governance Advisory Council, restrict a Member from exercising clinical privileges (such as a non-summary suspension of some or all privileges for fewer than thirty (30) days), the following process will occur prior to imposition of the restriction. The Member will receive notice of the Executive Medical Board's recommendation in writing or by secure platform and be offered an opportunity to appear before the Executive Medical Board and/or submit a written response to the Executive Medical Board. After considering the Member's input, if any, the Executive Medical Board will make a final recommendation as to the proposed restriction. If the Executive Medical Board issues a final recommendation for such a restriction, it will forward its recommendation in writing to the Governance Advisory Council for consideration and final action. The Member will receive notice in writing or by secure platform of the final action of the Governance Advisory Council.

23.14 Initiation by the Governance Advisory Council

The Medical Staff acknowledges that the Governance Advisory Council must act to protect the quality of medical care provided and the competency of the Medical Staff, and to ensure the responsible governance of the Medical Center in the event that the Medical Staff fails in any of its substantive duties or responsibilities.

If the Executive Medical Board fails to investigate or initiate corrective action, and the Governance Advisory Council determines that the failure to do so is contrary to the weight of the evidence then available, the Governance Advisory Council may, after consulting with the Executive Medical Board, direct the Executive Medical Board to investigate or initiate corrective action. The Executive Medical Board must inform the Governance Advisory Council of its action in response to such a directive. If the Executive Medical Board fails to act after a directive from the Governance Advisory Council, the Governance Advisory Council may, in furtherance of its ultimate responsibilities and fiduciary duties, initiate corrective action in accordance with this Fair Hearing Plan, after written notice to the Executive Medical Board. If the action or recommendation by the Governing Advisory Council constitutes grounds for a hearing under Section 24.3, the Member must be afforded the procedural rights set forth in Article 24.

23.15 Summary Actions

a. <u>Criteria for Summary Suspension or Summary Restriction</u>

Notwithstanding anything to the contrary herein, a Member's clinical privileges may be summarily suspended or restricted where the failure to take such action may result in imminent danger to the health or safety of any patient, prospective patient,

employee, Medical Staff Member, or other person present in the UCSF clinical sites. A summary suspension or summary restriction may be imposed by the Chief Clinical Officer, the applicable Chief Medical Officer, the President of the Medical Staff (or designee), the Chancellor (or designee), the Governance Advisory Council, the Chief Executive Officer of UCSF Health (or designee), and/or the Executive Medical Board. The President must be concurrently notified of the decision to summarily suspend or restrict the Member's clinical privileges.

b. Imposition of Summary Action

i. Unless otherwise stated, a summary restriction or suspension ("summary action") shall be effective immediately upon imposition, provided, however, that a summary action imposed by persons other than the Executive Medical Board, must be ratified by the Executive Medical Board within two (2) days of its imposition, or it shall terminate automatically.

ii. The summary action may be limited in duration and shall remain in effect for the period stated or, if unlimited in duration, until otherwise resolved. The President of the Medical Staff or responsible Department Chair or designee, will arrange for alternative medical coverage for patient care with, if practical, the wishes of the patients taken into consideration.

iii. Within three (3) business days of imposition of a summary action, the Member will be provided with written notice of such summary action and its duration. This initial notice must include a statement of facts known at that time, explaining why the summary action was necessary. The written notice must also inform the Member that: (1) they have the opportunity to an informal meeting with an ad hoc committee appointed by the Medical Staff President within ten (10) days of imposition, upon timely request; (2) if a summary suspension remains in effect for more than fourteen (14) days, or a summary restriction is in place for more than twenty-nine (29) days, the action will be reported to the appropriate licensing board as required by Business and Professions Code Section 805; and (3) the summary action will be reported to the National Practitioner Data Bank if it remains in place more than thirty (30) days.

c. Executive Medical Board Review

The Executive Medical Board may require that the Member to attend a meeting of the Executive Medical Board and make a statement concerning the presenting issues on such terms and conditions as the Executive Medical Board may impose. The Member will receive notice of this mandatory special attendance requirement in accordance with Section 20.8. In no event shall any meeting of the Executive Medical Board, with or without the Member, constitute a "hearing" within the meaning of this Fair Hearing Plan. The Member is not entitled to be represented by counsel at such a meeting. The Executive Medical Board may thereafter continue, modify, or terminate the summary action. The Executive Medical Board must give

the Member Special Notice of its decision within three (3) business days. If the action is adverse to the Member, the notice will include the information specified in Section 24.5.

d. Procedural Rights

Unless the Executive Medical Board terminates the summary suspension prior to the 15th day, or in the case of a summary restriction, unless the Executive Medical Board terminates the restriction prior to the 30th day, and if the summary action constitutes a suspension or restriction required to be reported to the appropriate licensing board pursuant to Business and Professions Code Section 805, the Member shall be entitled to procedural rights afforded by this Plan, including requesting a hearing on the matter according to the procedural rights outlined in Article 24.

In the event that following a summary action the Executive Medical Board determines that an investigation is warranted, the Executive Medical Board will direct an investigation to be conducted promptly in accordance with this Plan. Except as otherwise determined by the Executive Medical Board, the summary action will remain in effect during the pendency and completion of the corrective process and of the hearing and appellate review process set forth in this Plan.

23.16 Joint Corrective Action with System Members

The Medical Staff may work cooperatively with any other System members or UCSF Health affiliates at which a Medical Staff Member holds privileges to develop and impose coordinated, cooperative, or joint investigation and corrective action measures as deemed appropriate to the circumstances. This may include, but is not limited to, reviewing clinical performance metrics and professional conduct related information compiled by the affiliate regarding performance or conduct exhibited at the affiliate location.

ARTICLE 24. FAIR HEARING PROCEDURE

24.1 Definitions

Except as otherwise provided in this Article, the following definitions shall apply under this Article:

a. "Body whose decision prompted the hearing" refers to the Executive Medical Board in all cases where the Executive Medical Board or authorized Medical Staff Officers, Members, or committees took the action or made the recommendation that resulted in a hearing being requested. It refers to the Governance Advisory Council in all cases where the Governance Advisory Council or its authorized officers, directors, or committees took the action or made the recommendation that resulted in a hearing being requested.

b. "Final Action" refers to the recommended final actions described in this Article, which shall become final only after the hearing rights set forth in this Article have either been exhausted or waived.

c. "Investigation" is considered ongoing through formal corrective action until a final decision is reached, and all internal appeal mechanisms have been exhausted.

d. "Member" refers to the Member or applicant who is entitled to and has requested a hearing pursuant to this Plan.

24.2 General Provisions

a. Intent

The intent of these hearing and appellate review procedures is to provide for a fair review of recommendations and decisions that adversely affect Members and at the same time to protect the peer review participants from liability. It is further the intent to establish flexible procedures that do not create burdens that will discourage the Medical Staff and Governance Advisory Council from carrying out peer review. Accordingly, discretion is granted to the Medical Staff and Governance Advisory Council to create a hearing process that provides for the least burdensome level of formality in the process and yet still provides a fair review, and to interpret the Bylaws and Plans in that light. The Medical Staff, Governance Advisory Council, and their officers, committees, and agents hereby constitute themselves as peer review bodies under the Federal Health Care Quality Improvement Act of 1986 and California Business and Professions Code Section 805, and claim all privileges and immunities afforded by the federal and state laws.

b. Substantial Compliance

Technical, insignificant, or non-prejudicial deviations from the procedures set forth in this Plan are not grounds for invalidating the action taken or recommendation made.

24.3 Grounds for Hearing

Except as otherwise specified in this Article, any one or more of the following actions or recommended actions by the Executive Medical Board or Governance Advisory Council constitutes grounds for a hearing if the action or recommended action, if adopted as the final action or the restriction is in place for the requisite period, must be reported to the applicable licensing board under Business and Professions Code Section 805 and/or to the National Practitioner Data Bank:

a. Denial of an initial application for Medical Staff membership and/or privileges for a medical disciplinary cause or reason.

b. Denial of Medical Staff reappointment and/or renewal of privileges for a medical disciplinary cause or reason.

c. Revocation, termination, suspension, restriction, or involuntary reduction of Medical Staff membership and/or privileges for a medical disciplinary cause or reason.

d. Any other "medical disciplinary" action or recommendation that must be reported to the applicable licensing board under Business and Professions Code Section 805.

e. No other recommendation or action will entitle a Practitioner to a hearing detailed in this Article. Voluntary restrictions, voluntary leaves of absence, and voluntary resignations are not disciplinary actions or recommendations, and do not entitle a Practitioner to a hearing under this Plan, regardless of whether they must be reported to the licensing board or the National Practitioner Data Bank.

24.4 Hearing Based on Action of Governance Advisory Council

If the hearing is based upon an adverse action or recommendation made by the Governance Advisory Council to which hearing rights apply, the chair of the Governance Advisory Council must fulfill the functions assigned in this Article to the President of the Medical Staff and must assume the role of the Executive Medical Board. In such case, the Governance Advisory Council, at its discretion, will determine whether appellate review will take place.

24.5 Notice of Action or Proposed Action

In all cases where action has been taken or a recommendation constitutes grounds for a hearing under Section 24.3, the Member will be given Special Notice of the action or recommendation and of the right to request a hearing pursuant to this Article. The notice must state:

a. A description of the recommendation or action proposed or taken against the Member;

b. That the recommendation or action, if adopted, must be reported to the applicable licensing board under Business and Professions Code Section 805;

c. That the Member may request an arbitration or fair hearing of the dispute pursuant to this Article and that the arbitration or hearing must be requested, in writing or electronically, within thirty (30) days from the date the Notice of Action or Notice of Proposed Action was sent electronically and by expedited delivery;

d. That, if requested, the Member has the hearing rights described in this Article. The Member will be given a copy of the Fair Hearing Plan.

24.6 Request for Hearing

a. The request for a hearing shall be made in writing and sent electronically to the President of the Medical Staff and the Vice President of Medical Affairs and Governance.

b. The Member must state in their request for a hearing their intentions with respect to attorney representation at the arbitration or hearing. The Executive Medical Board must not be represented at the hearing by an attorney if the Member is not so represented. Notwithstanding the foregoing, and regardless of whether the Member elects to have attorney representation at the hearing, each party has the right to consult with legal counsel to prepare for a hearing and/or appellate review.

c. In the event the Member does not request an arbitration or hearing in the time and in the manner described in this Article, they will be deemed to have waived any right to an arbitration or hearing and to have accepted the action or the recommendation of the Executive Medical Board and it shall thereupon become the final action or recommendation of the Executive Medical Board. Such final action or recommendation will be considered by the Governance Advisory Council within forty-five (45) days and must be given great weight by the Governance Advisory Council, although it is not binding on the Governance Advisory Council.

d. Notice of Hearing and Notice of Charges: After the Member timely requests a hearing, the Executive Medical Board will provide the Member with a Notice of Hearing and Notice of Charges providing: (1) the reasons for the final proposed action, including the acts or omissions with which the Member is charged, (2) the place, time, and date of the hearing; and (3) a list of witnesses expected to testify at the hearing. The Notice will be hand delivered or sent by expedited delivery to the Member at the address supplied by them to the Office of Medical Affairs and Governance.

e. Unless otherwise stipulated by the parties, or extended by the Hearing Officer, in non-summary actions, the date of commencement of the hearing must be not less than thirty (30) days or more than sixty (60) days from the date of receipt of the request for hearing by the President of the Medical Staff.

f. When the request is received from a Member who is under summary suspension, the hearing must commence not more than forty-five (45) days from the date of receipt of the request for hearing, unless extended for good cause by the Hearing Officer or Arbitrator, if one has been appointed.

24.7 Mediation

a. Mediation is a confidential process in which a neutral person facilitates communication between the Executive Medical Board and a Member to assist them in reaching a mutually acceptable resolution of a peer review matter or other controversy in a manner that is consistent with the best interests of Medical Center operations, patient safety, and/or quality of care. Parties to a dispute are encouraged to consider mediation whenever it appears reasonably likely to contribute to a productive resolution. There is no right to mediation, and it need not be pursued if either party is unable or unwilling to proceed collaboratively and expeditiously. The cost of mediation will be borne equally between the parties.

b. If a Member and the Executive Medical Board agree to mediate, all deadlines and time frames in this Article will be suspended while the mediation is in process, and the Member agrees that no damages may accrue as a result of any delays attributable to the mediation process.

c. Mediation may be terminated at any time, at the request of either party.

24.8 Arbitration in Matters of Unprofessional Conduct for which the Member is Entitled to a Hearing

For matters limited to issues involving professional conduct, unless otherwise determined by the President of the Medical Staff, the hearing will take place before an Arbitrator. All duties, responsibilities, and powers regarding Hearing Officers and Hearing Panels shall apply to the Arbitrator, except that in this circumstance, the Arbitrator will make the decision.

24.9 Hearing Participants

a. Hearing Officer

The Hearing Officer shall be an attorney at law, qualified to preside over a quasi-judicial hearing. An attorney regularly utilized by the Medical Center for legal advice regarding its affairs and activities is not eligible to serve as the Hearing Officer, except as otherwise stipulated by the parties.

b. Arbitrator

In lieu of a Hearing Officer and a Hearing Panel, an Arbitrator may be selected in the same manner described related to selection of a Hearing Officer. The Arbitrator has all the same powers as the Hearing Officer and Hearing Panel. Unless otherwise

stipulated, the Arbitrator and arbitration will be conducted in accordance with this Article, not in accordance with the California Arbitration Act.

c. Selection of Hearing Officer/Arbitrator

i. Hearing Officer. The Medical Staff President will appoint the Hearing Officer. The Hearing Officer will be an attorney-at-law qualified to preside over a quasi-judicial hearing. An attorney regularly utilized by UCSF Health for legal advice regarding its affairs and activities is not eligible to serve as Hearing Officer. The Hearing Officer must gain no direct financial benefit from the outcome and must not act as a prosecuting officer or as an advocate.

ii. Arbitrator. Unless the parties agree otherwise, the following process will be followed. The Medical Staff President will provide the Member with a list of three (3) potential Arbitrators meeting the same criteria as the Hearing Officer in Section 24.9.a. The Member will select one of the individuals from this list to serve as the Arbitrator.

d. Authority of Hearing Officer/Arbitrator

i. The Hearing Officer/Arbitrator must not act as a prosecuting officer or as an advocate for the Medical Staff, the Medical Center, or the Chancellor, and must gain no direct financial benefit from the outcome. The Hearing Officer may participate in the deliberations of the Hearing Panel, but is not entitled to vote. The Hearing Officer/Arbitrator will act to assure that all participants in the hearing have a reasonable opportunity to be heard, to present all oral and documentary evidence, and to ensure that decorum is maintained. The Hearing Officer/Arbitrator is entitled to determine the order of or procedure for presenting evidence and argument during the hearing and has the authority and discretion to make all rulings on questions pertaining to matters of law, procedure, and the admissibility of evidence that are raised prior to, during, or after the hearing. This includes, but not be limited to, deciding when evidence may or may not be introduced; addressing witness issues including disputes regarding expert witnesses; setting reasonable schedules for timing and/or completion of all matters related to the hearing; granting continuances; ruling on disputed discovery requests; and ruling on challenges to their service or challenges to proposed Hearing Panelists.

ii. If the Hearing Officer/Arbitrator determines that either party in a hearing is not proceeding in an efficient and expeditious manner, fails to schedule or appear without good cause, engages in serious or persistent misconduct, or fails to cooperate in the hearing process, the Hearing Officer/Arbitrator may take such discretionary actions as seem warranted by the circumstances. However, only a Hearing Panel or Arbitrator has the right to issue terminating sanctions, as described in Section 24.11.f.

e. Hearing Panel

i. When a hearing is requested before a Hearing Panel, the President of the Medical Staff will appoint a Hearing Panel composed of not less than three (3) unbiased voting Members who will gain no direct financial benefit from the outcome and who have not acted as accuser, investigator, fact finder, initial decision maker or otherwise have not actively participated in the consideration of the matter leading up to the recommendation or action. Knowledge of the matter involved does not preclude a Member of the Medical Staff from serving on the Hearing Panel.

ii. The President may appoint Members from Attending Staff or other Medical Staff categories as the President deems appropriate.

iii. The Hearing Panel will include at least one Member who has the same healing arts licensure as the Member who requested the hearing and, if feasible, who practices in the same specialty as said Member.

iv. Alternate Hearing Panelists may be appointed by the President, subject to voir dire by the parties, who meet the standards described above and who can serve if Hearing Panelist(s) become(s) unavailable.

v. Members of the Medical Staff who are impaneled to serve on the Hearing Panel will be compensated for time spent in hearing sessions in which they participate, including voir dire, reviewing videotaped sessions or hearing transcripts if required, and deliberations. Payment for service on the Hearing Panel will not be conditioned on whether the Hearing Panel's decision is favorable or unfavorable to the Executive Medical Board. Payment of a stipend for participating on the Hearing Panel is not considered a financial benefit from the outcome of the hearing. The Member will be afforded the opportunity to pay half the cost of the panel member stipends.

24.10 Pre-Hearing/Arbitration Matters

a. Representation

The Member requesting the hearing may be represented, at their expense, by a Member of the Medical Staff or legal counsel of their choice. If the Member is represented by an attorney at the hearing, the Executive Medical Board may also be represented by an attorney at the hearing, but the Executive Medical Board may not be represented by an attorney if the Member is not. When attorneys are not involved, both parties may be represented at the hearing only by a Member licensed to practice in the State of California who is not also an attorney.

b. Voir Dire

Except as provided herein, the Member has the right to a reasonable opportunity to voir dire the Hearing Panelists and Hearing Officer/Arbitrator, and the right to challenge the impartiality of any potential Hearing Panelist or Hearing Officer/Arbitrator. Challenges to the impartiality of any Hearing Panelist will be ruled on by the Hearing Officer. Challenges to the impartiality of the Hearing Officer/Arbitrator will be ruled on by the Hearing Officer/Arbitrator.

c. Pre-Hearing Conduct

The parties must cooperate as reasonably necessary to facilitate timely and efficient commencement of the hearing. This includes, but is not limited to, timely exchange of prehearing documents, timely disclosure of requested witness lists, and timely raising and resolving such matters as can reasonably be resolved prior to the first evidentiary hearing session.

d. Access to and Exchange of Documents

The Member has the right to inspect and copy, at their expense, any documentary information relevant to the charges that the Executive Medical Board has in its possession or under its control, as soon as practicable after the receipt of the Member's request for a hearing. Similarly, the Executive Medical Board has the right to inspect and copy, at its expense, any documentary information relevant to the charges that the Member has in their possession or control as soon as practicable after receipt of the Executive Medical Board's request. A party's failure to produce documents at least thirty (30) days prior to the first evidentiary hearing/arbitration session constitutes good cause for a continuance. The right to inspect and copy by either party does not extend to information about individually identifiable licentiates other than the Member under review. The Hearing Officer/Arbitrator will consider and rule upon any request for access to information and may impose any safeguards that the protection of the peer review process and justice require. Additionally, both parties must exchange all documents that they intend to offer into evidence at the hearing/arbitration at least ten (10) days prior to the first evidentiary hearing/arbitration session.

e. Exchange of Witness Lists

Each party has the right to present witnesses. Each party is responsible for producing the witnesses that they have identified. If either party, by notice to the other, requests a list of witnesses, both parties, within the sooner of fifteen (15) days from the receipt of the request or ten (10) days prior to the first evidentiary hearing/arbitration session, shall furnish to the other a list of the names the individuals, so far as is then reasonably known, who have agreed to testify at the hearing/arbitration, other than rebuttal witnesses. The parties will cooperate in scheduling and updating the Hearing Officer/Arbitrator of scheduled witness testimony. If a party fails to provide names of witnesses in the time and/or manner described above, the Hearing Officer/Arbitrator at their discretion may for good cause grant a continuance or preclude the testimony of witnesses whose names have

not been timely disclosed. Nothing in the foregoing precludes the testimony of additional witnesses whose participation was not reasonably anticipated, including rebuttal witnesses. The parties must notify each other as soon as they become aware of the possible participation of such additional witnesses.

f. Effect of Noncooperation

The failure to disclose the identity of a witness (other than rebuttal witnesses) or to produce copies of all documents expected to be introduced at the hearing at least ten (10) days prior to the first evidentiary hearing/arbitration session (other than rebuttal exhibits) constitutes good cause for a continuance or preclusion of the undisclosed witness(es) and/or document(s). The Hearing Officer/Arbitrator, at their discretion, may allow said evidence or testimony if it could not have been reasonably discovered and made available to the other party prior to the hearing. The parties are expected to notify each other as soon as they become aware of the relevance or participation of such additional documents or witnesses. The Hearing Officer/Arbitrator may confer with both parties to encourage an advance mutual exchange of documents that are relevant to the issues to be presented at the hearing/arbitration. Repeated acts of noncooperation may constitute grounds for termination of the proceedings as determined by the process detailed above.

g. Timely Notification of Issues

It shall be the duty of the Member and the President of the Medical Staff, or designee, to exercise reasonable diligence in notifying the Hearing Officer/Arbitrator (or if the Hearing Officer/Arbitrator has not yet been appointed, the Chair of the Hearing Panel) of any pending or anticipated procedural disputes as far in advance of the scheduled hearing as possible to enable the Hearing Officer/Arbitrator to make pre-hearing decisions concerning such matters. Reconsideration of any pre-hearing decisions may be made at the hearing, as determined by the Hearing Officer/Arbitrator.

h. Limits on Discovery

Except as specifically provided in this Article, there is no right to conduct discovery in connection with any hearing, and no Member is permitted access to or to introduce any evidence of any peer review records, minutes or other documents or information relating to any other Member of the Medical Staff, or any actions taken or not taken with regard to any other Member of the Medical Staff. There is no obligation to create or modify documents to satisfy a request for information. The Member requesting a hearing is entitled to any documents relied on by the Executive Medical Board in making any recommendation or decision, any documents to be introduced at the hearing/arbitration, and any medical records relied on or to be introduced at the hearing/arbitration. If applicable, production of documents does not constitute a waiver of the peer review protections afforded under Evidence Code Sections 1156 and 1157 or other applicable privileges and protections.

i. Rulings on Discovery Disputes

i. Objections to the Introduction of Evidence: Any party may object to the introduction of evidence that was requested but not timely provided during the credentialing or peer review process leading to the action or recommendation at issue in the hearing/arbitration. The information will be barred from the hearing by the Hearing Officer/Arbitrator unless the responding party can prove they previously acted diligently and could not have timely submitted the information in response to the request. The failure to timely request information constitutes a waiver.

ii. Procedural Disputes: The parties are entitled to bring motions as deemed necessary to give full effect to rights established by this Article and to resolve such procedural disputes. In the event of a hearing, the Hearing Officer/Arbitrator will resolve procedural disputes outside the presence of the Hearing Panel. Motions must be in writing and specifically state the the relief requested, all relevant factual information, and any supporting authority. The Hearing Officer/Arbitrator will set the briefing schedule and determine whether to allow oral argument on any motions. The Hearing Officer/Arbitrator's ruling on a motion must be in writing and provided to the parties promptly and no later than 30 days after the motion is fully briefed, absent a showing of good cause. All motions, responses, and rulings thereon will become part of the hearing record. The Hearing Officer/Arbitrator has authority to place reasonable limits on the number of motions and/or the scope of motions that either party may bring if it appears the party is presenting an unreasonable number of motions or unmeritorious motions for the purposes of harassment and/or delay.

j. Postponements and Extensions

Postponements and extensions of time beyond the times expressly permitted in this Article in connection with the hearing/arbitration process may be requested by any party and may be permitted by the Hearing Officer/Arbitrator or the Hearing Panel upon on a showing of good cause, or upon the stipulation of the parties.

k. Consolidation of Hearings

Any hearing regarding a summary restriction or suspension may be consolidated with a hearing on a recommendation for corrective action so long as the hearing commences within sixty (60) days after the hearing on the summary action was requested (unless such timeframe is waived by the Member). Beyond that time frame, a party may file a motion to consolidate hearings on summary actions and corrective action recommendations and the Hearing Officer/Arbitrator may grant the motion if warranted by the circumstances, with consideration to whether the two hearings involve common questions of fact or law, and whether consolidation would promote efficiency, avoid duplicative testimony, and/or result in confusion.

The parties may stipulate to consolidating hearings on distinct corrective actions and/or recommendations.

24.11 Hearing/Arbitration

a. Commencement of Hearing/Arbitration

The hearing is deemed to commence upon voir dire of the Hearing Officer/Arbitrator or the first Hearing Panelist, whichever occurs first.

b. Time and Format of Hearing Sessions

To expedite the timely completion of hearings, hearing sessions will be held during normal business hours, Monday through Friday, unless the Hearing Officer/Arbitrator finds good cause to deviate from this, in which case hearing sessions may be scheduled in the evenings and/or on weekends with due consideration to completing the hearing as expeditiously as possible.

At the discretion of the Executive Medical Board, all hearing sessions may be conducted by virtual videoconference platform instead of in person. In that circumstance, all hearing participants, including the parties and their legal counsel, if any, the Hearing Officer, the Hearing Panelists or Arbitrator, the witnesses, and the court reporter, may attend the hearing sessions remotely, so long as all participants can see each other, can hear and be heard during the proceedings, and have access to all evidence admitted at the hearing, either by electronic means or hard copies. The Hearing Officer/Arbitrator has authority and discretion to rule on questions regarding the implementation of the virtual proceedings.

c. Record of Hearing

A court reporter must make a record of the hearing/arbitration proceedings and, if deemed appropriate by the Hearing Officer/Arbitrator, any pre-hearing/pre-arbitration proceedings. The cost of attendance of the court reporter will be borne by the Executive Medical Board. The cost of receiving a copy of the transcript will be borne by the party requesting it. The Hearing Officer/Arbitrator may, but shall not be required to, order that testimony be taken only on oath administered by any person lawfully authorized to administer such oath. Except as next provided, the Member shall maintain the confidentiality of the hearing record and the protections of California Evidence Code Section 1157 are not waived. The Member may introduce excerpts from or the entire hearing record into a judicial proceeding challenging the final action taken or any procedural rulings that may be made by the Hearing Officer/Arbitrator, but is not authorized to disclose such documents for any other purpose or in any other forum. The Executive Medical Board may request a protective order/injunction as deemed necessary to protect the interests of peer review.

d. Rights of Both Parties at Hearing

Within reasonable limitations, both parties at the hearing/arbitration have the right to: (1) call and cross-examine witnesses on any matter relevant to the charges; (2) present and rebut evidence determined by the Hearing Officer/Arbitrator to be relevant; (3) be provided with all information made available to the Hearing Panel or Arbitrator; and (4) submit a written statement at the close of the hearing if so requested. The hearing shall be confidential and closed to the public.

e. Rules of Evidence

Judicial rules of evidence and procedure relating to the conduct of the hearing/arbitration, examination of witnesses, and presentation of evidence do not apply to a hearing conducted under this Plan. Any relevant evidence may be admitted by the Hearing Officer/Arbitrator if it is the sort of evidence upon 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 parties may object to the introduction of evidence that was not timely produced. The Hearing Officer/Arbitrator may bar such evidence unless the party clearly demonstrates that they previously acted diligently and could not have previously produced it. The Hearing Panel/Arbitrator may examine the witnesses or call additional witnesses if they deem it appropriate. When ruling upon requests for access to information and the relevancy thereof, the Hearing Officer/Arbitrator will consider the following:

i. Whether the information sought may be introduced to defend or support the charges.

ii. The exculpatory or inculpatory nature of the information sought, if any.

iii. The burden imposed on the party in possession of the information sought, if access is granted.

Any previous requests for access to information submitted or resisted by the parties to the same proceeding.

f. Failure to Schedule or Appear

Failure to appear and to proceed at the hearing/arbitration in an efficient and orderly manner, serious or persistent misconduct, or failure to cooperate in the hearing/arbitration process constitutes grounds for termination of the hearing/arbitration, as determined by the Hearing Panel (in consultation with the Hearing Officer) or by the Arbitrator. Such conduct by the Member will be deemed a waiver of the Member's right to a hearing and appeal. In the event the Member fails to attend or proceed prior to the selection of the Hearing Panel or Arbitrator, the Executive Medical Board may make this determination. The determination of the Hearing Panel, Arbitrator, or Executive Medical Board to terminate the hearing/arbitration pursuant to this Section will be presented for consideration to the Governance Advisory Council, which will exercise its independent judgment as to the appropriateness of the decision to terminate the hearing/arbitration.

Except as otherwise agreed by the parties, failure to appear and proceed will be presumed if the Member requesting the hearing is unwilling to agree to proceed on any proffered commencement dates within sixty (60) days of the initial request for hearing, or any continuation dates within a thirty (30) day period from the most recent hearing session, unless the Hearing Panel or Hearing Officer/Arbitrator are not available to convene within this time frame.

g. Limits on Length of the Hearing

i. The evidentiary portion of any hearing governed by this Plan must be concluded within forty (40) hours, such that each party has a total of twenty (20) hours to present its witnesses and cross examine the other party's witnesses. It is expected that the hearing will be concluded in twelve (12) months from the start of evidence.

ii. Only testimony under oath will count towards the forty (40) hour limit.

iii. To the extent the case cannot conclude within forty (40) hours, the Hearing Officer/Arbitrator is authorized to grant additional time on a showing of good cause.

iv. The parties may stipulate to additional time to conclude the evidentiary portion of the hearing or may agree to stay the hearing to engage in negotiations to resolve the matter. However, any such stipulation shall not exceed six (6) months and must be approved by the Hearing Panel/Arbitrator.

v. If either party seeks additional time beyond the twenty (20) hour limit, that party must make a motion to the Hearing Officer/Arbitrator seeking additional time. Any such motion must include the anticipated number of hours necessary to conclude the party's case, the reasons why the party cannot complete their case within the specified timeframe, the evidence that will be presented during the additional hearing time, and the relevance of any such evidence. The Hearing Officer/Arbitrator must find good cause for granting any such motion and only grant such additional time as is reasonably necessary under all the circumstances. In the event the Hearing Officer does not find good cause to grant such a motion, the Hearing Officer must present a proposed decision on the motion to the Hearing Panel for final decision.

h. Burden of Presenting Evidence and Proof

i. At the hearing/arbitration, the body whose decision prompted the hearing/arbitration has the initial duty to present evidence for each case or issue in support of its action or recommendation. The Member is obligated to present evidence in response.

ii. An initial applicant for membership and/or privileges bears the burden of persuading the Hearing Panel/Arbitrator, by a preponderance of the evidence, that they are qualified for membership and/or the privileges recommended for denial by producing information that allows for adequate evaluation and resolution of reasonable doubts concerning their current qualifications for membership and privileges. Initial applicants are not permitted to introduce information not produced upon request during the application process, unless the applicant establishes that the information could not have been produced previously in the exercise of reasonable diligence.

iii. Except as provided above for initial applicants, the body whose decision prompted the hearing/arbitration bears the burden of persuading the Hearing Panel/Arbitrator, by a preponderance of the evidence, that its action or recommendation was reasonable and warranted at the time the action or recommendation was taken.

i. Presence of Hearing Panel Members and Vote

When before a Hearing Panel, a majority of the Hearing Panelists must be present throughout the hearing. In unusual circumstances when a Hearing Panelist is absent from any part of the proceedings, they will not be permitted to participate in the deliberations or the decision until they have read the entire transcript or have viewed the videotaped recording of the portion of the hearing from which they were absent. All Hearing Panelists must be present during deliberations. The final decision of the Hearing Panel must be sustained by a majority vote of the Hearing Panelists. Alternate Hearing Panelists do not vote unless they are replacing a sitting panelist and they participated in the deliberations of the Hearing Panel.

j. Adjournment and Conclusions

The Arbitrator or the Hearing Officer, only after consultation with the Hearing Panel, may adjourn the hearing/arbitration and reconvene the same at such times and intervals as may be reasonable and warranted, with due consideration for reaching an expeditious conclusion to the hearing/arbitration. Final adjournment occurs when the Hearing Panel concludes its deliberations or, in the case of an arbitration, upon submission of the matter to the Arbitrator.

k. Decision

The decision shall be based upon the preponderance of the evidence presented at the hearing. "Preponderance of the evidence" means evidence that has more convincing force than that opposed to it.

Within thirty (30) days after the final adjournment of the hearing/arbitration, the Hearing Panel/Arbitrator shall render a final written decision containing a concise statement of the reasons justifying the decision. The decision must include findings of fact and conclusions articulating the connection between the evidence produced

at the hearing/arbitration and the decision reached. The decision must include an explanation of the procedure for appealing the decision.

The decision must be delivered to the Executive Medical Board, the Member, and the Office of Medical Affairs and Governance.

l. Appeal

The decision of the Arbitrator/Hearing Panel is final, subject only to the right of appeal as described in Section 24.12.

24.12 Appeal Procedure

a. Appellate Review Committee

If an appeal is to be conducted, an Appellate Review Committee will hear all appeals and be comprised of the Chancellor or designee and two (2) additional members of the Governance Advisory Council or voting Members of the Medical Staff who have not been involved in any aspect of the peer review process or hearing to date and who are selected by the Chancellor or designee.

Knowledge of the matter involved does not preclude any person from serving on the Appellate Review Committee so long as that member did not take part in a prior investigation or hearing on the same matter. The Chancellor or designee may select an attorney to assist the Appellate Review Committee in the proceeding. That attorney may function as an Appellate Hearing Officer, with comparable authority to that described for the Hearing Officer pursuant to this Article. That attorney is not entitled to vote with respect to the appeal. The Appeal Review Committee has such powers as are necessary to discharge its responsibilities.

b. Time for Requesting Appeal

Within ten (10) days after receipt of the decision of the Hearing Panel/Arbitrator, either party may request an appellate review. A written request for such review must be delivered either in person or by email to the Chancellor, with a copy to the Office of Medical Affairs and Governance. If appellate review is not requested within such period, the Hearing Panel/Arbitrator's decision becomes the final action(s) or recommendation(s) of the Medical Staff. In that case, the Governance Advisory Council will consider the decision within forty-five (45) days and must give the Hearing Panel/Arbitrator's decision great weight in coming to a final determination.

c. Grounds for Appeal

A written request for appeal must include an identification of the grounds for appeal and a clear and concise statement of the facts supporting the appeal. The grounds for appeal are limited to:

(a) substantial non-compliance with the procedures required by the Bylaws, this Plan, or applicable law that has created demonstrable prejudice; or

(b) the decision is not supported by substantial evidence based upon the hearing record.

d. Time, Place, and Notice

The Chancellor or designee will, within thirty (30) days after receipt of the request for appeal, schedule and arrange for an appellate review. The Chancellor or designee will provide notice to the parties of the time, place, and date of the appellate review or that the request for appellate review is denied. The appellate review hearing must be scheduled within sixty (60) days of receipt of the request for appellate review; provided, however, that when a request for appellate review is from a Member who is under suspension that is then in effect, the appellate review hearing must be held within forty-five (45) days of the date the request for appellate review was received. The time within which appellate review will be held may be extended by the Appellate Review Committee for good cause.

e. Appellate Review Procedure

i. The proceeding before the Appellate Review Committee will be in the nature of an appellate review, based upon the record before the Hearing Panel/Arbitrator.

ii. Each party has the right to be represented by legal counsel or any other representative designated by that party in connection with the appeal.

iii. The Appellate Hearing Officer, if any, may establish reasonable time frames for the appealing party to submit a written statement and for the responding party to respond, and may establish limits for the length of the written statements and deadlines for submission.

iv. Each party has the right to appear and to make oral argument.

v. The appealing party must submit a written statement concisely stating the specific grounds for appeal. In addition, the responding party has the right to present a written statement in opposition to the appealing party's position on appeal.

vi. The Appeal Review Committee may then, at a time convenient to itself, deliberate outside the presence of the parties.

f. Final Decision

i. Final adjournment does not occur until the Appellate Review Committee has completed its deliberations. Within thirty (30) days of adjournment of the Appellate Review Committee, a final decision will issue by written or

electronic means. The final decision of the Appellate Review Committee is effective immediately upon issue.

ii. The Appellate Review Committee may affirm, modify, reverse the decision or remand the matter for further review by the Hearing Panel/Arbitrator or any other body designated by the Appellate Review Committee.

iii. The Appellate Review Committee shall give great weight to the Hearing Panel/Arbitrator's recommendation(s) and shall not act arbitrarily or capriciously. The Appeal Review Committee must sustain the factual findings of the Hearing Panel/Arbitrator if they are supported by substantial evidence. The Appeal Review Committee may, however, exercise its independent judgment in determining whether a Member or applicant was afforded a fair hearing, and whether the decision is reasonable and warranted in light of the supported findings.

The Appeal Review Committee may remand the matter to the Hearing Panel/Arbitrator or any other body the Appeal Review Committee designates for reconsideration or may refer the matter to the full Governance Advisory Council for review. If the matter is remanded for further review and recommendation, the further review must be completed within thirty (30) days unless the parties agree otherwise or for good cause as determined by the Appeal Review Committee.

iv. The Appellate Review Committee must deliver copies of the decision to the party and to the Executive Medical Board either electronically, in person, or by expedited delivery. The decision must specify the reasons for the action taken, and must provide findings of fact and conclusions articulating the connection between the evidence produced at the hearing and the appeal (if any), and the decision reached, if such findings and conclusions differ from those of the Hearing Panel/Arbitrator.

24.13 Right to One Hearing

No Member is be entitled to more than one evidentiary hearing and one appellate review on any matter that was the subject of an adverse action or recommendation.

24.14 Exhaustion of Remedies

An aggrieved Member must follow the applicable procedures set forth in the Bylaws and Plans prior to resorting to legal action.

24.15 Intra-Organizational Remedies

The hearing and appeal rights established in this Article are quasi-judicial rather than legislative in structure and function. The Hearing Panelists and/or Hearing Officer/Arbitrator have no authority to adopt or modify rules and standards or to decide questions about the merits or the substantive validity of the Bylaws, Plans, Rules,

Regulations or Policies; however, the Governance Advisory Council may, in its sole discretion, entertain challenges to the merits or substantive validity of the Bylaws, Plans, Rules, Regulations or Policies and may decide those questions. If the only issue in a case is whether a Bylaw, Plan, Rule, Regulation or Policy is lawful or meritorious, the Member is not entitled to a hearing or appellate review. In such cases, the Member must submit their challenge first to the Governance Advisory Council and only thereafter may they seek judicial intervention.

24.16 Joint Hearing and Appeals

Whenever a Member is entitled to a hearing under this Article because a credentialing or corrective action has been taken or recommended that involves more than one peer review body within the UCSF Health System, a single joint hearing may be conducted in accordance with these hearing procedures, provided: (i) each participating Medical Staff has adopted the same or similar provisions; and (ii) each President/Chief of the Medical Staff or designee has elected to participate in the joint hearing, as a matter of discretion. In the event there exists a governing document memorializing the relationship and responsibilities of and between the peer review bodies, that governing document will dictate the applicable fair hearing process. In the absence of such document, the hearing process contained in this Plan will govern.

24.17 Applicability of Corrective Actions Among UCSF Clinical Sites

Unless otherwise expressly stated or provided for in separate Medical Staff Bylaws, contracts, policies or plans, any final decision following the procedures in this Fair Hearing Plan applies and must be enforced across each of the Member's Medical Staff membership(s) at all UCSF-owned hospitals, the Member's clinical activities at UCSF Clinics, at the Peninsula Outpatient Center, and the Member's membership in the UCSF Medical Group, as applicable.

24.18 Right to One Hearing on Adverse Action at UCSF Health

A Member is entitled to only one evidentiary hearing to challenge an adverse action or recommendation by the Executive Medical Board or Governance Advisory Council that constitutes grounds for a hearing under Section 24.3 and a substantially similar adverse action by UCSF Health and/or the UCSF School of Medicine that is based on substantially similar facts if that action is taken within six (6) months of the action by the Executive Medical Board or Governance Advisory Council. If the Member has exercised their right to an evidentiary hearing under a collective bargaining agreement and/or the Faculty Code of Conduct, they are not also entitled to a hearing under this Fair Hearing Plan.

24.19 Automatic Adoption of Adverse Actions by Medical Staff of BCH-Oakland or LPPH

If an applicant to or a Member of the UCSF Health Medical Staff has been the subject of an action or recommendation to deny, terminate, or limit their Medical Staff membership or clinical privileges at BCH-Oakland or at LPPH based on a determination that medical disciplinary cause or reason exists, and that action or recommendation has been upheld following a hearing under the BCH-Oakland or LPPH Medical Staff Bylaws, the action

shall be automatically adopted as the final recommendation by the Executive Medical Board and the final action of the Governance Advisory Council at UCSF Health and the applicant or Member shall have no further or additional right to a hearing under this Fair Hearing Plan.