Bylaws

McGovern Medical School

The University of Texas Health Science Center at Houston

Version Effective: August 2026

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These Bylaws establish the policies and procedures for the governance of McGovern Medical School (Medical School) at The University of Texas Health Science Center at Houston (UTHealth Houston) in the areas of general academic mission and welfare, subject to the policies of UTHealth Houston and the *Rules and Regulations* of the Board of Regents of The University of Texas System.

I. MISSION STATEMENT

To educate future physicians, advanced healthcare providers, and biomedical scientists for careers dedicated to the highest ideals of their profession; to provide outstanding patient-centered care; and to conduct innovative research that improves the health and well-being of the population of Texas and beyond.

II. GOVERNANCE

The Medical School operates within a governance framework in which faculty, administrators, and other stakeholders contribute expertise and recommendations through established advisory groups. These groups serve an important consultative role in informing academic, research, clinical, and operational decision-making. Final authority and responsibility for decisions, however, reside with the Dean, who is charged with ensuring that institutional actions are timely, legally compliant, and aligned with the Medical School's mission, accreditation standards, state priorities, and workforce needs.

III. ORGANIZATIONAL BODIES

The organizational bodies addressed by this document shall be the Dean, the Administrative Council (Council), the Dean's Faculty Advisory Committee (DFAC), the Faculty, the department chairs (Department Chairs), and recognized departments, programs, and academic units of the Medical School. The administrative leaders of the Medical School are the Dean, the members of the Council, and the Department Chairs. The DFAC, the Council, and the Medical School standing committees may inform and advise the Dean on issues related to the academic mission of the Medical School.

IV. THE DEAN

The Dean of the Medical School has overall responsibility for the governance, academic, administrative, and financial affairs of the Medical School.

The responsibilities of the Dean include, but are not limited to:

- Leading the development and implementation of the strategic planning activities of the Medical School;

- Developing faculty commitment to the missions of education, research, and clinical service by recruiting, promoting, and retaining outstanding faculty;
- Directing and coordinating the activities of the administrative leaders within the Medical School to accomplish the mission of the school;
- Recommending to the President of UTHealth Houston, upon advice of the Faculty, those students who have completed the prescribed curriculum and are eligible to receive professional degrees;
- Serving as Chair of the Faculty;
- Serving as Chair of the Administrative Council;
- Overseeing committees as stated in these Bylaws and acting on the recommendations and advice of those committees;
- Serving, personally or by means of a designated representative, as an *ex officio* member of all standing committees of the Medical School;
- Presenting a report at regular meetings of the DFAC;
- Informing the DFAC, Council, and chairs of standing committees reporting to the Dean of actions taken regarding recommendations forwarded by these bodies; and
- Conducting reviews and performance evaluations in accordance with University policy.

V. ADMINISTRATIVE COUNCIL

The Council serves as the principal advisory body through which the Dean, department chairs, senior Medical School administrators, and faculty representatives discuss, review, and make recommendations regarding the governance, administration, organization, resource allocation, and policy-making processes of the Medical School. Within its purview, the Council advises the Dean on policies, procedures, and governance processes that affect the Medical School's academic, clinical, research, service, administrative, and accreditation-related missions.

A. Membership

The Council shall consist of the Dean, the Department Chairs, directors of Medical School institutes where faculty members may hold primary academic appointments, all appointed deans, the Medical School representatives to the President's Faculty Advisory Body, and, if appointed, the Vice-Chair and Secretary of the DFAC. Each member shall have one vote and may vote by proxy. The Dean shall be Chair of the Council.

B. Meetings

The Dean shall preside over meetings of the Council and is responsible for preparing and publicizing the agenda for Council meetings. The minutes shall be maintained in the Office of the Dean and shall be available for viewing by faculty members upon request.

A majority of the Council's voting membership shall constitute a quorum for the transaction of business. *Robert's Rules of Order* (revised) or other standard code of parliamentary procedure shall guide the conduct of all meetings. Issues may be decided by a simple majority. At the discretion of the Dean, issues may be decided by electronic vote. The outcome will be determined by a simple majority of the votes received. The Dean may invite faculty members or other interested parties to attend Council meetings. The invited individual(s) may address the Council at the request of the Dean but shall not vote.

A special meeting of the Council may be called by the Dean or by one-fourth of the Council members via a written request to the Dean. Special meetings of the Council shall be restricted to the items of business for which the special meeting was called, and the agenda shall be circulated in advance of the meeting.

C. Responsibilities

The responsibilities of the Council include, but are not limited to:

- Making recommendations to the Dean on the management of resources and on the organization and development of the Medical School;
- Reviewing and recommending to the Dean policies related to programmatic and accreditation standards;
- Reviewing and recommending to the Dean proposals for new academic programs;
- Making recommendations to the Dean on approval of revisions to Medical School documents (e.g., Medical School Bylaws and Medical School Compensation Plan), in accordance with approval procedures outlined in the documents;
- Appointing and charging ad hoc committees of the Council; and
- Deliberating upon reports from ad hoc committees of the Council.

VI. DEAN'S FACULTY ADVISORY COMMITTEE (DFAC)

The DFAC consults with and provides input and recommendations to the Dean in matters pertaining to academic affairs and general academic welfare of the Medical School.

A. Membership

Eligible faculty: (1) must be faculty members of any rank or tenure status at MMS, and (2) must be in good standing and not subject to temporary or permanent adjustments to work/academic responsibilities because of a disciplinary measure.

DFAC members are appointed by the Dean from those faculty eligible for membership. Each Medical School department and the Brown Foundation Institute of Molecular Medicine shall be represented by up to two members. At least one of the President's appointees to the President's Faculty Advisory Body (PFAB) from MMS shall serve as a member of the DFAC.

Terms of appointment for DFAC members and officers shall begin September 1. Members are appointed for one-year terms, which may be renewed at the Dean's discretion.

B. Officers

The Dean will serve as the Chair and presiding officer of the DFAC. The Dean may appoint other officers at his/her sole discretion, including a Vice-Chair and a Secretary.

If appointed, the responsibilities of the Vice-Chair shall include, but not be limited to:

- Setting and publicizing the agendas for meetings;
- Presiding over meetings of the DFAC in the absence of the Chair;
- Serving as a member and as Chair of the Committee on Committees; and
- Communicating with the chairs of standing committees, as applicable.

If appointed, the responsibilities of the Secretary shall include, but not be limited to:

- Coordinating with the Vice-Chair for setting and distributing the agenda for DFAC meetings;
- Maintaining a record of the attendance of each DFAC member at meetings;
- Serving as a member of the Committee on Committees; and
- Overseeing the compilation, publication, and preservation of minutes of all DFAC meetings.

The minutes shall be maintained in the Medical School Office of Faculty Affairs, shall be posted on the DFAC website, and shall be available to any faculty member upon request.

C. Responsibilities

As requested or assigned by the Dean, the DFAC is responsible for providing input and recommendations related to the policies and procedures for governance of the Medical School and for the general pursuit of academic welfare. The responsibilities of the DFAC include, but are not limited to:

- Scheduling and convening meetings;
- Making recommendations to the Dean concerning academic matters;
- Appointing and charging *ad hoc* committees of the DFAC;
- Receiving, deliberating upon, and sending to the Dean reports from the standing and *ad hoc* committees of the DFAC;
- Presenting recommendations from the Faculty;
- Sharing DFAC proceedings and recommendations with the Faculty; and
- Reviewing and providing input to the Dean for written policies and procedures affecting Medical School governance.

VII. THE FACULTY

The Faculty shall strive to achieve and maintain excellence in education, research, service, and the delivery of clinical care.

A. Membership

The Faculty shall consist of all salaried faculty members appointed to the Medical School with the rank of Instructor, Assistant Professor, Associate Professor, or Professor, whether full-time or part-time, and whether in tenured, tenure track, or non-tenure track positions.

B. Meetings

The Dean of the Medical School shall serve as Chair of the Faculty, shall preside at meetings of the Faculty, and shall publicize the agenda for Faculty meetings. A regular meeting of the Faculty shall be held at least annually. At the discretion of the Dean, matters may be decided outside of a convened meeting.

C. Responsibilities

The responsibilities of the Faculty shall include, but not be limited to:

- Supporting and contributing to the mission of the Medical School;
- Supporting and contributing to strategic planning activities of the Medical School and its departments;
- Pursuing and maintaining excellence in their various disciplines;
- Recommending to the Dean those students who have successfully completed the course of study for the degree of Doctor of Medicine;
- Providing input to the DFAC;
- Attending meetings of the Faculty; and
- Participating in faculty voting.

VIII. DEPARTMENT CHAIRS

The Department Chairs shall strive to achieve and maintain excellence in education, research, service, the delivery of clinical care, and administrative responsibilities. They shall assume all of the duties and responsibilities as the chief academic and administrative leader of the department.

A. Membership

The Department Chairs shall consist of chairs of all recognized Medical School departments.

B. Responsibilities

The responsibilities of the Department Chairs shall include, but not be limited to:

- Supporting and contributing to the mission of the Medical School;
- Leading the development and strategic planning activities of the department;
- Fostering faculty development;
- Mentoring faculty;
- Ensuring completion of required reviews by departmental leadership;
- Ensuring adherence to institutional policies by departmental faculty and staff;
- Strengthening the financial health of the department;
- Distributing resources to support the full breadth of academic activities of the department;
- Considering faculty input in the determination of resource allocations;
- Recommending faculty to the Dean for hiring, retention, promotion, tenure, and non-reappointment or termination;
- Developing of a culture of professionalism by departmental faculty, staff, and trainees;
- Fulfilling all compliance requirements and goals by all departmental members;
- Exhibiting effective leadership by example;
- Fostering a positive national and international reputation for the Medical School;
- Promoting open discussion in regular meetings with the departmental faculty; and
- Attending meetings of the Council.

IX. COMMITTEES

There are two types of committees within the Medical School governance structure. These consist of standing committees that report to the Dean or the Dean's designee, and medical peer review committees established pursuant to Texas law and the guidelines of The University of Texas System (UT System).

A. Appointment of Committees

The Dean, or designee as applicable, with input from the Committee on Committees (COC), shall appoint the chairs and members of all standing committees of the Medical School. The Dean or designee also appoints members of Medical School *ad hoc* committees as needed.

B. Committee on Committees (COC)

The COC shall advise the Dean or designee concerning the membership criteria, number of members, length of membership terms, and charge of the standing committees and shall make annual recommendations on the membership of those committees. The voting membership of the COC shall be eight DFAC members appointed by the Dean, including the Vice Chair and

Secretary, if applicable. The Vice Chair of the DFAC (or other designee of the Dean if no such officer has been appointed) serves as the Chair of the COC. The Office of Administration and Faculty Affairs, the Office of Admissions and Student Affairs, and the Office of Educational Programs will each designate one individual to serve as non-voting, *ex officio* members of the COC.

Minutes of the COC shall be maintained in the Office of Administration and Faculty Affairs. The responsibilities of the COC shall include, but not be limited to:

- Advising the Dean or designee regarding the membership criteria, number of members, length of membership terms, and charge for each standing committee;
- Recommending to the Dean or designee the appointment of the chairs for the standing committees;
- Recommending to the Dean or designee the appointment of members of the standing committees, including appointments to fill vacancies, primarily based on faculty self-nominations;
- Ensuring balanced and academically diverse committee membership recommendations to the Dean or designee;
- Overseeing mandatory term limits for membership on committees; and
- Providing guidance as requested by standing committee chairs or members on any matter related to the effectiveness of that standing committee.

C. Standing Committees

Standing committees are responsible for developing the policies, procedures, and actions required for the governance of the Medical School as related to its mission. Members of the standing committees can be drawn from any faculty of the Medical School who meet the requirements of the committee. Members of standing committees may also include community members, emeritus faculty, or other well-qualified members, with voting privilege, provided that faculty members constitute the majority of voting members at all meetings.

The duration of service by members of standing committees, including service as chair, shall not exceed two consecutive full terms. A member of a standing committee who has served two consecutive full terms must rotate off the committee for a minimum of one year prior to re-appointment. Exceptions to this term limitation may be made at the specific request of the Dean or designee or when the chair is specified in these Bylaws as being held by a particular position.

1. Curriculum Committee

The Curriculum Committee shall provide oversight of the medical education program and has responsibility for the design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum. The Curriculum Committee shall inform the Dean or designee of substantial changes to the overall educational program for review and comment.

The ranking dean for Educational Programs shall be a non-voting, *ex officio* member of the committee.

2. Graduate Medical Education Committee

The Graduate Medical Education Committee shall oversee all programs in graduate medical education sponsored by the Medical School. The committee shall examine adequacy of the clinical environments and structure according to the requirements of the Accreditation Council for Graduate Medical Education (ACGME). The committee shall perform appropriate evaluations of each training program to assess compliance with both the institutional requirements and relevant program requirements of the ACGME. The committee shall serve as a forum for discussion of graduate medical education issues, to include not only clinical environments but also resident quality of life, recruitment, and outcomes. The membership of the Graduate Medical Education Committee shall include faculty members who are program directors of approved residencies or fellowships, other faculty members, the Designated Institutional Official, a minimum of two peer-selected residents or fellows, a quality/patient safety officer, and additional members recommended to the COC by the Graduate Medical Education Office. The ranking dean for Graduate Medical Education shall be a non-voting, *ex officio* member.

3. Graduate Student Education Committee

The Graduate Student Education Committee, in conjunction with The University of Texas MD Anderson Cancer Center UTHealth Houston Graduate School of Biomedical Sciences (GSBS), shall oversee and coordinate graduate biomedical education at the Medical School, including recruitment, retention, resource allocation, and curriculum issues. The committee shall have faculty and student representation from all of the graduate programs of the Medical School.

The dean of GSBS and the ranking dean for Research shall be non-voting, *ex officio* members.

4. Allied Health Education Committee

The Allied Health Education Committee shall oversee and coordinate allied health education at the Medical School, including recruitment, retention, resource allocation, and curriculum issues. The committee shall have faculty representation from all of the allied health programs of the Medical School, as well as appropriate student representation.

The ranking dean for Educational Programs shall be a non-voting, *ex officio* member.

5. Continuing Medical Education Committee

The Continuing Medical Education Committee shall promote continuing education activities for healthcare providers. The ranking dean for Educational Programs shall be a non-voting *ex officio* member.

6. Admissions Committee

The Admissions Committee shall evaluate the credentials and qualifications of the student applicants and make the final selection of those applicants who are best suited for the study of medicine. The ranking dean for Admissions and Student Affairs and the ranking administrative head of the M.D. / Ph.D. program shall be *ex officio* members with voting privilege.

7. Compensation Committee

The Compensation Committee shall advise the Dean or designee on matters related to compensation for faculty and general administrative and professional employees (e.g., staff physicians). The Committee shall serve as the Compensation Advisory Committee for the Medical School Research and Development Plan (MSRDP). The Compensation Committee shall meet at least annually. The ranking dean for Clinical Affairs shall be a voting, *ex officio* member. The ranking dean for Administrative Affairs shall be a non-voting, *ex officio* member. The Vice President(s) for Clinical Business Affairs and Affiliation Management shall be non-voting, *ex officio* member(s).

The committee, in concert with the Dean or designee, shall periodically review and recommend changes to the Medical School Compensation Plan (Compensation Plan). Proposed amendments to the Compensation Plan require approval as described in the Compensation Plan.

8. Faculty Appointments, Promotions, and Tenure Committee

The Faculty Appointments, Promotions, and Tenure Committee (FAPTC) shall evaluate the credentials and qualifications of faculty members and make recommendations to the Dean or designee concerning their appointment, promotion in rank, and eligibility for tenure. The Committee shall be appointed from among those faculty members of the Medical School with an appointment of .5 FTE or greater who hold the rank of Professor, but who are not Department Chairs. The ranking dean for Faculty Affairs or designee shall be a non-voting, *ex officio* member.

9. Faculty Development Leave Committee

The Faculty Development Leave Committee shall review proposals for faculty development leave and make recommendations to the Dean or designee in accordance with University policy. The committee members shall be appointed from among faculty at the rank of Associate Professor or Professor in the Medical School. The ranking dean for Faculty Affairs or designee shall be a non-voting, *ex officio* member.

10. Research Committee

The Research Committee shall advise the Dean or designee on matters related to the research enterprise, including research strategies, resource allocation, administration of interim and pilot

grant assistance programs, and research awardee selection. The ranking dean for Research shall be a non-voting, *ex officio* member.

11. Student Evaluations and Promotions Committee

The Student Evaluations and Promotions Committee shall evaluate the academic performance of medical students and their suitability to undertake the practice of medicine. The committee reports its decisions to the Dean or designee. The ranking dean for Admissions and Student Affairs shall be a non-voting, *ex officio* member.

D. Medical Peer Review Committees

Medical peer review committees are established pursuant to Texas law and the guidelines of UT System. Members of the medical peer review committees are selected outside of the COC process, in accordance with each committee's bylaws.

1. Healthcare Quality and Safety Committee

The Healthcare Quality and Safety Committee shall promote, coordinate, and review efforts to improve patient safety and the quality of healthcare delivery at all sites where clinical care is provided by UTHealth Houston faculty, staff, or trainees.

The composition of the committee, terms of membership, and the operating procedures for the committee are established by the Bylaws of the Healthcare Quality and Safety Committee of McGovern Medical School (Appendix A).

2. Professional Liability Committee

The Professional Liability Committee shall review professional healthcare liability claims or incidents that may result in litigation against UTHealth Houston and/or its faculty, staff or trainees. The committee shall assist the UTHealth Houston Office of Legal Affairs in investigating, evaluating, defending, and/or settling such claims.

The composition of the committee, terms of membership, and the operating procedures for the committee are established by the Bylaws of the Professional Liability Committee of McGovern Medical School (Appendix B).

X. AMENDMENT OF THESE BYLAWS

These Bylaws shall be reviewed at least once every five years.

Proposed amendments to these Bylaws may be made to the Dean and Senior Associate Dean for Administrative Affairs and may be referred to stakeholders, including the DFAC and the

Council, for review and recommendations. The Dean will review any recommendations and make a final decision regarding the proposed amendments, if any, to move forward.

The amended Bylaws become effective following approval by the Dean and UTHealth Houston President.

Approved by the Dean, McGovern Medical School, and President, UTHealth Houston: August 24, 2026

APPENDIX A

BY-LAWS

THE HEALTHCARE QUALITY AND SAFETY COMMITTEE

MCGOVERN MEDICAL SCHOOL

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON

I. PURPOSE

The Healthcare Quality and Safety Committee (Committee) of McGovern Medical School (Medical School) at The University of Texas Health Science Center at Houston (UTHealth Houston) shall promote, coordinate and review efforts to improve patient safety and the quality of healthcare delivery at all sites where clinical care is provided by UTHealth Houston faculty, staff, or trainees. The Committee is a medical committee and a medical peer review committee, as those terms are defined by state and federal laws.

II. DEFINITIONS

Medical Committee: any committee, as defined in the Texas Health and Safety Code, including a joint committee of a hospital, a university medical school or health science center and/or a committee appointed *ad hoc* to conduct a specific investigation or established under state or federal law or rule or under the bylaws or rules of the organization or institution. (Section 161.031(a), Texas Health and Safety Code.)

Medical Peer Review: the evaluation of medical and healthcare services, including the evaluation of the qualifications and professional conduct of healthcare practitioners and of the patient care rendered by those practitioners. Medical Peer Review includes evaluation of the merits of complaints relating to healthcare practitioners and determinations or recommendations regarding those complaints. (Section 151.002(a)(7), Medical Practice Act, Texas Occupations Code.)

Medical Peer Review Committee: a committee established at a healthcare entity to evaluate the quality of medical and healthcare services or the competence of physicians. The committee includes the employees and agents of the healthcare entity as well as assistants, investigators, intervenors, attorneys and any other persons or organizations that serve the committee in any capacity. (Section 151.002(a)(8), Medical Practice Act, Texas Occupations Code.)

Healthcare Quality and Safety Committee: a medical peer review committee appointed by the Dean of the Medical School to review and coordinate efforts to improve patient safety and the quality of healthcare delivery.

III. COMMITTEE MEMBERSHIP

Appointment: The Healthcare Quality and Safety Committee shall be appointed by the Dean of the Medical School based upon recommendations from the ranking dean for Healthcare Quality. Members shall serve three-year terms which may be renewed upon approval by the Dean. All appointees serve at the pleasure of the Dean.

Voting Members: The voting members of the Healthcare Quality and Safety Committee shall include the ranking dean for Healthcare Quality, who shall serve as chair of the Healthcare Quality and Safety Committee; the various deans for healthcare quality; and the ranking dean for Clinical Research and Healthcare Quality.

These voting members may designate an alternate member to attend meetings in place of the member, and the designee shall possess the voting rights of the member. Only one designee is permitted among the voting members.

Non-Voting Members: The non-voting ex officio members of the Healthcare Quality and Safety Committee shall include:

- the Dean of the Medical School;
- Chairs of each clinical department of the Medical School;
- the designated Healthcare Quality Officer in each clinical department of the Medical School. These Healthcare Quality Officers may be titled as Vice-Chairs for Healthcare Quality, Chief Quality Officers, and/or Quality Officers depending on the particular department;
- a representative from the UTHealth Houston Office of Legal Affairs;
- a representative of the UT System;
- the Chair of the Healthcare Quality Committee of the Medical Services Research and Development Plan (MSRDP) which oversees quality of care for UT Physicians; and
- other personnel as the Dean may appoint.

Meetings: The Committee shall meet at least quarterly and at such other times as the Chair of the Healthcare Quality and Safety Committee deems necessary. Such meetings may be held electronically. A majority of the voting members of the Committee shall serve as a quorum on all matters.

Training: All members of the Healthcare Quality and Safety Committee shall receive training and updates on changes in the rules and regulations regarding patient safety and healthcare quality.

All members will also be informed regarding the use of existing and newly developed methods to measure and improve the quality and safety of healthcare in all clinical sites.

Subcommittees: At the discretion of the chair of the Committee, new subcommittees and/or task forces may be created as needed, and may include persons who are not members of the committee, but who have a vested interest and/or knowledge of a specific issue being reviewed.

Each subcommittee shall be headed by a member of the Committee and shall be governed by the same principles of confidentiality as this Committee.

IV. STANDING SUBCOMMITTEES

A. Medical Resident Quality Review Subcommittee (MRQR)

Purpose: The Medical Resident Quality Review (MRQR) Committee is established as a subcommittee of the Healthcare Quality and Safety Committee to promote, coordinate and review efforts to improve the safety and quality of patient care at Memorial Hermann Hospital-TMC by systematically reviewing and analyzing reported patient safety events involving medical trainees (residents and fellows), identifying trends, and recommending improvements. The MRQR will both examine individual reports and keep longitudinal records to track trends within training programs and address them appropriately.

The MRQR will also track patient care and professionalism variance reports (VRS) to address trends at individual trainee levels or program levels.

1. MRQR Committee Membership

Core, voting members of the MRQR will consist of:

- Vice Chairs of Quality (optional);
- GME Representative;
- Quality Liaison(s) - members of affiliated teaching hospital quality team(s) which may include physicians;
- Representatives from residency or fellowship training programs, with a minimum of five representatives, from a minimum of five different programs;
- Three Resident/Fellow Representatives, with one year terms and a possibility of a one-year renewal, for a two-year limit; and
- Quality Improvement and Patient Safety Fellows (optional).

2. MRQR Meetings

The MRQR will meet monthly, as needed depending on case volume. Meetings may be held electronically. A majority of the voting members shall constitute a quorum. At least one

resident/trainee member should be present for every vote, unless it would unduly delay the proceedings.

3. MRQR Case Review

If deemed appropriate by the MRQR, cases will be sent to individual programs for review and the program's representatives will be invited to present and discuss at the MRQR meeting. This meeting should include the following invited guests:

- A representative of the program (program director, assistant program director, core faculty, or other relevant representative);
- Chief residents (optional); and
- Resident/Fellow(s) involved in the case (as needed).

Other guests may be invited as needed at the discretion of the MRQR. Invited guests will not have a vote.

V. DUTIES OF THE COMMITTEE

The primary responsibility of the Healthcare Quality and Safety Committee is to review and coordinate efforts to improve patient safety and the quality of healthcare delivery. The Committee will also develop processes with the goal of providing high quality healthcare that is patient-centered, timely, efficient, and equitable and is based upon the best available scientific evidence and available resources. The duties of the Committee may include:

- Conducting peer reviews of the quality of routine patient care, errors, incidents, adverse events, serious safety events, and other untoward outcomes or deviations from standard practice. Such peer reviews would include discussion of issues raised by participation of Healthcare Quality Officers in Root Cause Analyses at affiliated hospitals.
- Collecting and analyzing patient safety data to develop appropriate policies/processes to improve healthcare quality and patient safety;
- Utilizing data collected to encourage a culture of safety and provide feedback to minimize risk;
- Making recommendations to the Medical School leadership regarding the methods, policies and actions to measure and improve the quality of healthcare in all clinical sites affiliated with the Medical School. Such recommendations will include recommendations to deans in the Office of Educational Programs (graduate and undergraduate) and the Office of Research concerning methods, policies, and actions which could improve education and research activities related to healthcare quality and safety.
- Collaborating with the leadership of UTHealth Houston's clinical affiliates regarding recommendations for changes in policies/processes to improve the quality and safety of care provided by UTHealth Houston clinicians and trainees; and

- Developing and disseminating information on improvements in patient safety and healthcare quality to leadership at UTHealth Houston and The University of Texas System.

VI. CONFIDENTIALITY

As a medical peer review committee and a medical committee, all activities of the Healthcare Quality and Safety Committee, including creation of any documents, investigative reports or information, and conversations relating to the Committee's work are strictly confidential and protected from disclosure. All reports, documents and minutes of the Committee must be clearly identified as confidential information prepared at the request of the Healthcare Quality and Safety Committee. Waiver of any privilege may only be established if it is executed in writing by the chair.

VII. AMENDMENT

Amendments to these Bylaws may be proposed by any voting member of the Committee, and require majority vote of the voting members of the Committee. The amended Bylaws become effective following approval by the Dean and UTHealth Houston President.

APPENDIX B

BY-LAWS OF THE PROFESSIONAL LIABILITY COMMITTEE

MCGOVERN MEDICAL SCHOOL

THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON

I. PURPOSE

The Professional Liability Committee (Committee) of McGovern Medical School (Medical School) at The University of Texas Health Science Center at Houston (UTHealth Houston) is a medical committee and a medical peer review committee charged to review professional liability incidents or claims that may result in litigation against UTHealth Houston, its faculty and trainees who are members of The University of Texas System Professional Medical Liability Benefit Plan (the Plan), healthcare providers who are covered under commercial professional liability insurance, and/or the healthcare providers who are afforded indemnification by the State of Texas. In addition, the Committee assists UTHealth Houston and its attorneys in investigating, evaluating, defending, or settling such claims.

II. DEFINITIONS

Medical Committee: any committee, as defined in the Texas Health and Safety Code, including a joint committee of a hospital, a university medical school or health science center and/or a committee appointed *ad hoc* to conduct a specific investigation or established under state or federal law or rule or under the bylaws or rules of the organization or institution. (Section 161.031(a), Texas Health and Safety Code.)

Medical Peer Review: the evaluation of medical and healthcare services, including the evaluation of the qualifications of healthcare practitioners and of the patient care rendered by those practitioners. Medical Peer Review includes evaluation of the merits of complaints relating to health-care practitioners and determinations or recommendations regarding those complaints. (Section 151.002(a)(7), Medical Practice Act, Texas Occupations Code.)

Medical Peer Review Committee: a committee established at a healthcare entity to evaluate the quality of medical and healthcare services or the competence of physicians. The committee includes the employees and agents of the healthcare entity as well as assistants, investigators, intervenors, attorneys, and any other person or organizations that serve the committee in any capacity. (Section 151.002(a)(8), Medical Practice Act, Texas Occupations Code.)

Professional Liability Committee: a medical peer review committee appointed by the Dean of the Medical School to review and coordinate efforts to improve patient safety and the quality of healthcare delivery.

III. COMMITTEE MEMBERSHIP AND MEETINGS

The Chair of the Committee shall be appointed by the Dean from the senior faculty of the Medical School. The remaining membership of the Committee shall be appointed by the Dean of the Medical School based upon recommendations from the Chair of the specific clinical department (see below) through the Chair of the Committee.

B. Voting Members

The voting members of the Professional Liability Committee shall include a Chair, appointed by the Dean from the senior faculty of the Medical School, and one faculty physician from each of the following clinical departments of the Medical School:

- Anesthesiology, Critical Care and Pain Medicine
- Diagnostic and Interventional Imaging
- Emergency Medicine
- Family and Community Medicine
- Internal Medicine
- Neurology
- Obstetrics and Gynecology and Reproductive Sciences
- Pediatrics
- Louis A. Faillace, MD, Department of Psychiatry and Behavioral Sciences
- Surgery

Terms of Office for Voting Members: Each Committee member, including the Chair of the Committee, shall be appointed for a five (5) year renewable, staggered term of office. A new member shall be appointed when an existing member's term expires, is not renewed, or when a member resigns.

C. Non-Voting, Ex Officio Members

The non-voting, ex officio members of the Professional Liability Committee shall include:

- The Dean of the Medical School;
- The UTHealth Houston Vice President and Chief Legal Officer of the Office of Legal Affairs;
- The UTHealth Houston Healthcare Risk Manager and Healthcare Risk Specialist from the Office of Legal Affairs;

- The attorney representatives from The University of Texas System Office of General Counsel, serving as attorneys for the Plan, for UTHealth Houston, or for the physicians, residents, and medical students;
- The Chair of the Board of the Medical Services Research and Development Plan (MSRDP);
- The Chair or Director, or a designee, of a Medical School department or division whose department or division is involved in a professional liability claim or incident that may give rise to such a claim. Such membership on the Committee is limited to that of a consultant for the review of claims or incidents involving his/her particular department or division.

D. Meetings

The Committee shall meet every other month and at such other times as the Chair of the Committee, in consultation with the Office of Legal Affairs, deems necessary. The Chair may call such special meetings as are required to carry out the duties and the responsibilities of the Committee. A majority of the voting members of the Committee shall serve as a quorum on all matters.

E. Committee Staff

The Office of Legal Affairs shall serve as staff to assist the Committee in carrying out its duties. Duties of the staff include preparation of the agenda, minutes of the meetings, and status reports for Committee meetings; preparation and delivery of requests for narratives from individuals on behalf of the Committee; and any other duty or function deemed necessary by the Committee.

IV. DUTIES OF THE COMMITTEE

A primary responsibility of the Committee is to review all lawsuits, claims, or incidents reported to the Committee that might result in litigation and to recommend appropriate disposition or action to The University of Texas System Office of General Counsel. In that function, the Committee's duties include, but are not limited to, the following:

- To investigate all incidents involved or potentially involved in claims or lawsuits against UTHealth Houston or the faculty, trainees, and all other healthcare providers who are members of the Plan, and/or the healthcare providers who are covered under commercial professional liability insurance;
- To prepare reports, evaluating such incidents, claims, or lawsuits;
- To assist The University of Texas System Office of General Counsel in the evaluation of patient care that is the subject of an incident, claim, or lawsuit against a Plan member and/or UTHealth Houston; and to recommend disposition of a claim or lawsuit including settlement of defense of a lawsuit.
- To identify broader risk management, quality care and patient safety issues within Medical School departments or divisions that may result in claims, or incidents that may

involve potential claims, and to serve as liaison with the designated Healthcare Quality Officers of their respective departments or divisions to initiate corrective action, if necessary; and, to make recommendation for their correction to the Chair of the Department/Division and the Dean of the Medical School.
- To identify expert witnesses to assist in the defense of lawsuits;
- To appoint subcommittees as necessary to carry out the duties of the Committee and to review subcommittee investigations;
- To conduct peer review of the quality of patient care involved in incidents, claims, or lawsuits against UTHealth Houston, members of the Plan, and/or certain persons covered under a commercial professional liability insurance policy;
- To discuss policy issues arising from incidents, claims, or lawsuits; and
- To communicate with the Chairs of clinical departments of the Medical School as needed to inform them of policies or practices within their departments related to incidents, claims, or lawsuits concerning professional liability.

V. CONFIDENTIALITY OF COMMITTEE DELIBERATIONS AND COMMUNICATIONS

As a medical peer review committee, all activities of the Committee, including creation of any documents, investigative reports or information requested by the Healthcare Risk Manager, and records of Committee and subcommittee proceedings and meetings are protected from disclosure under Chapter 161 of the Texas Health and Safety Code. Confidentiality of peer review activities are protected from disclosure under Chapter 160 of the Texas Occupations Code. All reports and minutes of the Committee shall be clearly identified as confidential information prepared at the request of the Committee and shall be returned to the Healthcare Risk Manager at the close of each Committee meeting pursuant to Chapter 160 of the Texas Occupations Code.

VI. AMENDMENTS

Amendments to these Bylaws may be proposed by any voting member of the Committee, and require majority vote of the voting members of the Committee. The amended Bylaws become effective following approval by the Dean and UTHealth Houston President.